

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087077

FILED
Jun 17, 2009
Secretary of State

Entity Name: NEHMEH ENTERPRISE LLC

Current Principal Place of Business:

3272 SEWEST SNOWRD
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

3272SEWEST SNOW RD
PORTSAINTLUCIE, FL 34984

New Mailing Address:

3272 SEWEST SNOWRD
PORT SAINT LUCIE, FL 34984

FEI Number: 26-0101235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEHMEH, PIERRE
3272SEWESTSNOW RD
PORT SAINT LUCIE, FL 34984 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: OWNE () Delete
Name: NEHMEH, PIERRE J
Address: 3272 SE WEST SNOW ROAD
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: MGR () Delete
Name: NEHMEH, SABAH N
Address: 3272 SE WEST SNOW ROAD
City-St-Zip: PORT ST LUCIE, FL 34984 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PIERRE NRHMEH

OWNE

06/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date