2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 27, 2007 8:00 am
Secretary of State
08-27-2007 90121 034 ****50.00

DOCUMENT # L05000008235

1. Entity Name
NVEST, LLC

Principal Place of Business	Mailing Address
59 TIMBERLAND CIRCLE N FORT MYERS FL 33919	59 TIMBERLAND CIRCLE N FORT MYERS FL 33919

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
12660 World Plaza Ln		12660 World Plaza Ln	
Suite, Apt. #, etc. #73		Suite, Apt. #, etc #73	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33907	Country	Zip 33907	Country

4. FEI Number 42-1678368 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPEIGEL, HOWARD A ESQ.
1133 LOUISIANA AVENUE, SUITE 214
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COZZA, BRADLEY		NAME		
STREET ADDRESS	59 TIMBERLAND CIRCLE N		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: B. Cozza 08/06/07 239-278-0028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #