

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069338

Entity Name: NUKLEI.COM, LLC

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

9483 SW 76 STREET
N6
MIAMI, FL 33173

Current Mailing Address:

9483 SW 76 STREET
N6
MIAMI, FL 33173

New Principal Place of Business:

10240 SW 56TH STREET
114 D
MIAMI, FL 33165

New Mailing Address:

10240 SW 56TH STREET
114 D
MIAMI, FL 33165

FEI Number: 55-0905340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPOTE, JULIO
9483 SW 76 STREET
N6
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

CAPOTE, JULIO
10240 SW 56TH STREET
114 D
MIAMI, FL 33165 US

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: JULIO CAPOTE

02/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: CAPOTE, JULIO
Address: 9483 SW 76 STREET N6
City-St-Zip: MIAMI, FL 33173 US

Title: VP () Delete
Name: CANALS, ARMANDO L
Address: 10240 SW 56TH STREET #114 A
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: CAPOTE, JULIO
Address: 10240 SW 56TH STREET #114 D
City-St-Zip: MIAMI, FL 33165 US

Title: VP (X) Change () Addition
Name: CANALS, ARMANDO L
Address: 10240 SW 56TH STREET #114 D
City-St-Zip: MIAMI, FL 33165

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: JULIO CAPOTE

P

02/05/2009

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