## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000070308

Entity Name: NFE PRODUCTS LLC

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11023 MILL CREEK WAY, UNIT 703 FT. MYERS, FL 33913

Current Mailing Address: New Mailing Address:

11023 MILL CREEK WAY, UNIT 703 FT. MYERS, FL 33913

FEI Number: 20-3311769 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEDORE, KATHLEEN M 11023 MILL CREEK WAY, UNIT 703 FT. MYERS, FL 33913 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:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

Name: MEDORE, KATHLEEN M Name:
Address: 11023 MILL CREEK WAY, UNIT 703 Address:

City-St-Zip: FT. MYERS, FL 33913 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition Name: MEDORE, JOLEEN A Name:

Address: 6739 EAST DOUGLAS PARK DRIVE Address: City-St-Zip: HUNTERSVILLE, NC 28078 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MEDORE, VICTOR J
 Name:

 Address:
 101 HOPE ROAD
 Address:

 City-St-Zip:
 BLAIRSTOWN, NJ 07825
 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: KATHLEEN MEDORE PRES 01/15/2009