

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 09, 2006 8:00 am
Secretary of State

05-04-2006 90035 015 ****50.00

DOCUMENT # L05000094938

1. Entity Name
NEO EPOCH 2, LLC



Principal Place of Business
**1637 S.W. 8TH STREET
MIAMI, FL 33135**

Mailing Address
**1637 S.W. 8TH STREET
MIAMI, FL 33135**

30010033



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-3567643

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORP DIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301**

**Frank Guerra
1637 SW 8th St
Miami FL 33135**

Name **Frank Guerra**
Street Address (P.O. Box Number is Not Acceptable)
1637 SW 8th St
City **Miami** FL Zip Code **33135**

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 reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **Lissette Calderon**
CITY-ST-ZIP **1637 SW 8th St
Miami, FL 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **Maria Calderon**
CITY-ST-ZIP **1637 SW 8th St
Miami FL 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **Frank Guerra**
CITY-ST-ZIP **1637 SW 8th St
Miami FL 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 file this report as required by Chapter 808, Florida Statutes.

SIGNATURE:

Frank Guerra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/04

Date

Daytime Phone #