

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90036 015 \*\*\*\*50.00

**DOCUMENT # L05000106027**

1. Entity Name

NELFA, LLC



Principal Place of Business

3345 N.W. 79TH STREET  
MIAMI FL 33250

Mailing Address

3345 N.W. 79TH STREET  
MIAMI FL 33250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
33147

Country

Zip  
33147

Country

4. FEI Number

APPLIED FOR

☒ Applied For  
☐ Not Applicable

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

TAVARES, NELSON  
3345 N.W. 79TH STREET  
MIAMI, FL FL 33150

Name

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

City

FL

Zip Code

33147

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

N.T.

NELSON TAVARES

04-20-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
TAVARES, NELSON  
3345 N.W. 79TH STREET  
MIAMI FL 33150 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
33147

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
LANDESTROY, MARIA  
3345 N.W. 79TH STREET  
MIAMI FL 33150 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
33147

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

N.T.

NELSON TAVARES

04-20-06

305-691-3770

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

Date

Daytime Phone #