

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120562

FILED
Apr 26, 2007
Secretary of State

Entity Name: NEXON LLC

Current Principal Place of Business:

2780 NE 183ST
#1506
AVENTURA, FL 33160

New Principal Place of Business:

17810 W DIXIE HWY
NORTH MIAMI BCH, FL 33160

Current Mailing Address:

2780 NE 183ST
#1506
AVENTURA, FL 33160

New Mailing Address:

17810 W DIXIE HWY
NORTH MIAMI BCH, FL 33160

FEI Number: 20-3965951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSPINA, IRMA
2780 NE 183ST
#1506
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

ORDONEZ, ADRIANA
17810 W DIXIE HWY
NORTH MIAMI BCH, FL 33160 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: ADRIANA ORDONEZ

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NUNEZ, ADRIANA
Address: 2780 NE 183 ST #1506
City-St-Zip: AVENTURA, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ORDONEZ, ADRIANA
Address: 17810 W DIXIE HWY
City-St-Zip: NORTH MIAMI BCH, FL 33160

Title: MGRM () Change (X) Addition
Name: ORDONEZ, JULIAN
Address: 17810 W DIXIE HWY
City-St-Zip: NORTH MIAMI BCH, FL 33160

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: ADRIANA ORDONEZ

MGRM

04/26/2007

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