

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123417

Entity Name: NEVOS, LLC

FILED  
May 07, 2007  
Secretary of State

**Current Principal Place of Business:**

2523 LESTON COURT  
ORLANDO, FL 32817

**New Principal Place of Business:**

902 W SOCRUM LOOP ROAD  
LAKELAND, FL 33809

**Current Mailing Address:**

2523 LESTON COURT  
ORLANDO, FL 32817

**New Mailing Address:**

902 W SOCRUM LOOP ROAD  
LAKELAND, FL 33809

FEI Number: 20-4032058      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BETH-ANN SCHULMAN, LLC  
203 E. THIRD STREET  
SUITE 101  
SANFORD, FL 32771 US

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

BETH-ANN SCHULMAN, LLC  
203 E. THIRD STREET  
101  
SANFORD, FL 32771 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: BETH-ANN SCHULMAN

05/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRG ( ) Delete  
Name: POULOS, JOAN  
Address: 2523 LESTON COURT  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES:**

Title: MRG (X) Change ( ) Addition  
Name: POULOS, JOAN  
Address: 902 W SOCRUM LOOP ROAD  
City-St-Zip: LAKELAND, FL 33809

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: JOAN POULOS

MGER

05/07/2007

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