

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000013361

Entity Name: NELLEX L.L.C.

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

297 EMERALD SHORES CIRCLE
#202
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 681874
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 26-0270670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, LEX JR.
297 EMERALD SHORES CIRCLE
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: DIXON, LEX JR.
Address: 297 EMERALD SHORES CIRCLE #202
City-St-Zip: OCOE, FL 34761

Title: MGRM () Delete
Name: DIXON, SHANELLE
Address: 297 EMERALD SHORES CIRCLE #202
City-St-Zip: OCOE, FL 34761

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: DIXON, YVONNE
Address: 4607 HICKORY STREAM LN
City-St-Zip: MULBERRY, FL 33860

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: LEX DIXON, JR.

MGRM

09/05/2007

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