

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044743

Entity Name: RUELLE NORD ALEXIS, LLC

FILED  
May 02, 2008  
Secretary of State

## Current Principal Place of Business:

11174 LEDGEMENT LN  
WINDERMERE, FL 34786

## New Principal Place of Business:

3902 SW 188TH AVENUE  
MIRAMAR, FL 33029

## Current Mailing Address:

PO BOX 160611  
ALTAMONTE SPRINGS, FL 32716

## New Mailing Address:

3902 SW 188TH AVENUE  
MIRAMAR, FL 33029

FEI Number: 20-4788284      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:

CREVECOEUR, EDSON A  
11174 LEDGEMENT LN  
WINDERMERE, FL 34786      US

## Name and Address of New Registered Agent:

CREVECOEUR, EDSON A  
3902 SW 188TH AVENUE  
MIRAMAR, FL 33029      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: EDSON A CREVECOEUR

05/02/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: CREVECOEUR, EDSON A  
Address: PO BOX 160611  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: CREVECOEUR, EDSON A  
Address: 3902 SW 188TH AVENUE  
City-St-Zip: MIRAMAR, FL 33029

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: EDSON A CREVECOEUR

MGR

05/02/2008

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