

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112945

Entity Name: NOMO LLC

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

1890 BRICKELL AVE
STE C
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

1890 BRICKELL AVE
STE C
MIAMI, FL 33129 US

New Mailing Address:

FEI Number: 20-5933026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, MANUEL A
281 NE 51 ST
APT #2
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

ALBERTO, GARCIA I
1890 BRICKELL AVE
APT C
MIAMI, FL 33129 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: ALBERTO GARCIA

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, ALBERTO I
Address: 1890 BRICKELL AVE STE C
City-St-Zip: MIAMI, FL 33129 US

Title: MGRM () Delete
Name: PEREZ, MANUEL A
Address: 281 NE 51 ST APT #2
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM (X) Delete
Name: ROMERO, JOSE F
Address: 601 NE 39 ST APT 204
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ADELA, SOUTO C
Address: 1890 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129 US

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

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: ALBERTO GARCIA

MGRM

03/17/2009

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