

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

02-19-2007 90200 038 ****50.00

DOCUMENT # L06000116004 1. Entity Name N.E.C.M. ACQUISITIONS, LLC					
Principal Place of Business 300 W. ADAMS STREET JACKSONVILLE, FL			Mailing Address 300 W. ADAMS STREET JACKSONVILLE, FL		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5990435	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SORRELL, MARY C 2275 ATALANTIC BLVD., SUITE 200 NEPTUNE BEACH, FL 32266			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
			MGRM Hionides, Chris 300 W. Adams Jacksonville, FL 32202		
			MGRM Campbell, ERic 300 W. Adams Jacksonville, FL		
			MGR Campbell, Marvin 300 W. Adams Street Jacksonville, FL 32202		
			MGR Nelson, Willie 300 W. Adams Jacksonville, FL 32202		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 506, Florida Statutes.					
SIGNATURE:			Chris Hionides 2/1/07 904-241-1501		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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