


Certified Mail # 7006 0100 0005-7417 4857

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90092 005 \*\*\*538.75

<b>DOCUMENT # L07000003714</b>			
1. Entity Name <b>NASCHEM INTERNATIONAL LLC.</b>			
Principal Place of Business <b>69 MOHICAN WAY MELBOURNE BEACH, FL 32951</b>		Mailing Address <b>69 MOHICAN WAY MELBOURNE BEACH, FL 32951</b>	
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
6. Name and Address of Current Registered Agent <b>FUSSCAS, JAMES P 69 MOHICAN WAY MELBOURNE BEACH, FL 32951</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FUSSCAS, JAMES P 69 MOHICAN WAY MELBOURNE BEACH, FL 32951</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.			
SIGNATURE: <u>James P Fusscas</u>		Date: <u>08-19-08</u> 321 727 723	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

**30011301**



08192008 Chg-LLC CR2E083 (12/06)

4. FEI Number **11-3802739** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

resent certified: 7006 0100 0005 7417 4826



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ATTACHMENT 30011301  
Certified 7006 0100 0005 7417  
4826

August 27, 2008

NASCHEM INTERNATIONAL LLC.  
69 MOHICAN WAY  
MELBOURNE BEACH, FL 32951

The enclosed report has  
been updated to show the  
FEI # Per Naschem Int'l LLC  
AS: 11-3802739

Subject: NASCHEM INTERNATIONAL LLC.

Reference Number: L07000003714

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$538.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314  
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cw

ANNUAL REPORTS SECTION