

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086592

Entity Name: NEXCENTRI CUSO, LLC

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

3815 N. NEBRASKA AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

PO BOX 4089
TAMPA, FL 33677

New Mailing Address:

FEI Number: 26-0799279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, GREGORY A
28050 US 19 NORTH, SUITE 100
CLEARWATER, FL 33761 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: MGR () Delete
Name: SCHUMACHER, DALE
Address: 14990 NORTH FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

Title: MGR () Delete
Name: WALKER, CINDY
Address: 14990 NORTH FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

Title: MGR () Delete
Name: HOLLOWAY, JASON
Address: 1540 WEST CLEVELAND ST.
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: SPAGNOLO, RALPH
Address: 1540 WEST CLEVELAND ST.
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: ALVAREZ, CARMEN
Address: 1540 WEST CLEVELAND ST.
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHUMACHER, DALE
Address: 3815 N NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: MGR (X) Change () Addition
Name: WALKER, CINDY
Address: 3815 N NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: MGR (X) Change () Addition
Name: HOLLOWAY, JASON
Address: 3815 N NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: MGR (X) Change () Addition
Name: SPAGNOLO, RALPH
Address: 3815 N NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: MGR (X) Change () Addition
Name: ALVAREZ, CARMEN
Address: 3815 N NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33603

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: CARMEN ALVAREZ

MGR

02/05/2009

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