## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** DOCUMENT #1 07000110278

## **FILED** May 19, 2008 8:00 am Secretary of State 04-14-2008 90222 014 \*\*\*138.75

1. Entity Name NEUGRE	e	_, •									
Principal Place of Business 3922 ALOHA LANE BONITA SPRINGS, FL 34134		Mailing Address 3922 ALOHA LANE BONITA SPRINGS, FL 34134		30006723							
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172008	Chg-LLC	CR2E(	83 (12/06)				
City & State		City & State			4. FEI Numb	26-	4156	<i>!</i>	pplied For of Applicable		
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require			
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name							
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4				Street Address (P.O. Box Number is Not Acceptable)							
WESTON,	FL 33331						_		-		
			City			<del></del>	FL	Zip Cod	9		
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 Segnature, typed or printed name of registered agent and linke if applicable. (NOTE: Registered Agent signature recurred when immissiong)  DATE											
	: NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75						ike check p da Departm		<b>B</b>		
9.	MANAGING MEMBEI		10.			ADDITION:	S/CHANGES				
TITLE NAME	MGRM NEUROCK, CASEY M	☐ Delele	NAME					☐ Change	Addition		
STREET ADDRESS	3922 ALOHA LANE		STREET ADDRE	SS							
CITY-ST-ZIP	BONITA SPRINGS, FL 34134 MGRM		CITY-SI-ZIP	_							
NAME	NEUROCK, ROBERT DII	☐ Deletc	NAME					☐ Change	Addition		
STREET ADDRESS City-St-Zip	3922 ALOHA LANE BONITA SPRINGS, FL 34134		STREET ADDRE	22							
TITLE		☐ Delete	TITLE					☐ Change	Addition		
NAME CYNCET ADDRESS			NAME STREET ADORE						_		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	22				- <b></b> -			
TITLE		☐ Delete	TIFLE					Change	Addition		
NAME Street Address			NAMÉ Street addres	ss					İ		
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRES	ss					İ		
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE NAME		Delete	TITLE NAME					☐ Change	Addition		
STREET ADDRESS			STREET ADDRES	ss					1		
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>							
11. Thereby certify that the information supplied with this filing does not quanty 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.											
SIGNAT	URE:					3-31-06	(35	2)870	7070		

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000110278					^	TACHMENT					
Principal Place of 3922 ALOHA L BONITA SPRING	ane	Mailing Address 3922 ALOHA LANE BONITA SPRINGS, FL			3000 6723						
2. Principal Plac	ce of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt, #, etc.	Suite, Apt, #, etc.		01172008	Chg-LLC	CR2E083 (	12/06)			
City & State		City & State	City & State		4. FEI Numb	26-14	15618		ed For opticable		
Zip	Country	Žip	Countr	у	5. Certificate of Status Desired  \$5.00 Additional Fee Required_						
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
2731 EXECU	NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			Street Address (P.O. Box Number is Not Acceptable)							
WESTON, F	L 33331										
	amed entity submits this statement			City				Zip Code			
SIGNATURE	ns of registered agent.  gnaura, ruped or printed name of registered agent  NOWILL FEE IS \$138.75	nt and site if applicable. (NO)	TE: Registered /	Agant signature required	( when toinstaking)	Mat	DATE	bło to			
	l, 2008 Fee will be \$538.7	'5				Florid	a Department	of State	<u>:</u>		
9.	MANAGING MEMB	DERS/MANAGERS	10. TITLE			ADDITIONS		Change [	Addition		
NAME !	NEUROCK, CASEY M 1922 ALOHA LANE 30NITA SPRINGS, FL 34134		NAME	ADDRESS SI-ZIP							
NAME STREET ADDRESS	MGRM NEUROCK, ROBERT D II 1922 ALOHA LANE BONITA SPRINGS, FL 34134	☐ Dolete	TITLE NAME STREET CITY-S	ADORESS ST-ZIP			۵	Change [	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		· 🗋 Delete 🗻	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		- <del>-</del>		Change [			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delate	TITLE NAME STREET CITY-S	ADORESS 31-ZIP				Change [	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET CITY-S	I ADORESS ST-ZIP			Ō	Change [	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP	<u>,</u>			Change [	Addition		
11. I heraby ce indicated or limited liabi	rtify that the information supplied win this report is true and accurate an life company or the received or trust	th this filling dees not qualify to d that my signature shall have ee empowered to execute this	or the exem the same report as r	ptions contained legal effect as if n required by Chap	in Chapter 119, nade under oath ter 608, Florida !	Florida Statutes, I fi , that I am a mana Statutes	urther certify that ging member or	the informa manager of	ation I the		
SIGNATURE: 3-31-08 (352)-870-7070 ELONATURE AND DEAGN-CHE PHINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: Date: Departs Priore 6											