

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000110666

Entity Name: NEXXT SOLUTIONS LLC

**FILED**  
**Jul 06, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

454 HOLIDAY DR.  
ATTN: NAFTALI MIZRACHI  
HALLANDALE, FL 33009

## **New Principal Place of Business:**

454 HOLIDAY DRIVE  
ATTN: NAFTALI MIZRACHI  
HALLANDALE, FL 33009

## **Current Mailing Address:**

454 HOLIDAY DR.  
ATTN: NAFTALI MIZRACHI  
HALLANDALE, FL 33009

## **New Mailing Address:**

454 HOLIDAY DRIVE  
ATTN: NAFTALI MIZRACHI  
HALLANDALE, FL 33009

FEI Number: 26-1340486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CFRA LLC  
100 S. ASHLEY DR.  
SUITE 400  
TAMPA, FL 33602 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: MGRM  
Name: ACCVENT LLC  
Address: 454 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: MGR  
Name: MIZRACHI, NAFTALI  
Address: 454 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE, FL 33009

I hereby 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: NAFTALI MIZRACHI

MGR

07/06/2011

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