

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036776

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: NEXON TECHNOLOGY DISTRIBUTION LLC

## Current Principal Place of Business:

1031 DUNHURST COURT  
LONGWOOD, FL 32779

## New Principal Place of Business:

2005 TREE FORK LANE  
SUITE 121  
LONGWOOD, FL 32750

## Current Mailing Address:

1031 DUNHURST COURT  
LONGWOOD, FL 32779

## New Mailing Address:

2005 TREE FORK LANE  
SUITE 121  
LONGWOOD, FL 32750

FEI Number: 22-3978496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

MOHAMED, MAWJI  
214 SHADY OAKS CIRCLE  
LAKE MARY, FL 32746 US

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: MOHAMED MAWJI

01/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: MEGHJEE, RAZA H MGRM  
Address: 1031 DUNHURST COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Change (X) Addition  
Name: MAWJI, MOHAMED  
Address: 214 SHADY OAKS CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

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: RAZA MEGHJEE

MGRM

01/30/2009

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