

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000053064

Entity Name: NESTOCOME, LLC

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

C/O LOUIS P. ARCHAMBAULT  
2 SOUTH BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131

**New Principal Place of Business:**

800 SOUTH POINT DRIVE  
#1403  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O LOUIS P. ARCHAMBAULT  
2 SOUTH BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131

**New Mailing Address:**

800 SOUTH POINT DRIVE  
#1403  
MIAMI BEACH, FL 33139

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ARCHAMBAULT, LOUIS P  
ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131 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: LARSSON, MICHAEL  
Address: 800 SOUTH POINT DRIVE, #1403  
City-St-Zip: MIAMI BEACH, FL 33139

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: MICHAEL LARSSON

MGRM

04/18/2010

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