

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092090

FILED
May 01, 2009
Secretary of State

Entity Name: THE NAMREHS GROUP, LLC.

Current Principal Place of Business:

3770 CULP DR.
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15019
JACKSONVILLE, FL 322395019

New Mailing Address:

FEI Number: 26-3704420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMES, SHERMAN
2056 EMERSON STREET
JACKSONVILLE, FL 32207 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 () Delete
Name: JAMES, N. ANTA
Address: 3770 CULP DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: MGRM () Delete
Name: JAMES, SHERMAN A. JR.
Address: 3770 CULP DR.
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTA JAMES

CEO

05/01/2009

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