

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000092090

**FILED**  
**Apr 19, 2011**  
**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:**

39 BRYANS MILL WAY  
CATONSVILLE, MD 21228

**New Mailing Address:**

3770 CULP DR.  
JACKSONVILLE, FL 32277

**FEI Number:** 26-3704420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
**Name:** JAMES, N. ANTA  
**Address:** 3770 CULP DR.  
**City-St-Zip:** JACKSONVILLE, FL 32277

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

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:** N. ANTA JAMES

CEO

04/19/2011

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