

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099863

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: NEVETS, LLC.

**Current Principal Place of Business:**

6700 WINKLER ROAD  
SUITE 4  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

6700 WINKLER ROAD  
SUITE 4  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DORAGH, PETE  
6700 WINKLER ROAD  
SUITE 4  
FORT MYERS, FL 33919 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: MGR ( ) Delete  
Name: LEVINE, STEVEN E  
Address: 6700 WINKLER ROAD SUITE 4  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR ( ) Delete  
Name: FRANKEL, BRUCE D  
Address: 6700 WINKLER ROAD SUITE 4  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR ( ) Delete  
Name: MINKOWICZ, YITZCHOK  
Address: 6700 WINKLER ROAD SUITE 4  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

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

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: STEVEN E. LEVINE

MGR

01/29/2009

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