2013 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
13 MAR 28 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000003883

1. Entity Name
NEPHELAE TRAINING & CONSULTING, LLC

Principal Place of Business	Mailing Address
3 REDWOOD LANE RIDGEFIELD, CT 06877	3 REDWOOD LANE RIDGEFIELD, CT 06877

11072013 Chg-LLC CR2E083 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~ Christine Nielsen
~~1840 SW 22ND ST.~~
~~4TH FLOOR~~
~~MIAMI, FL 33145~~ Spring Hill Fl 34611

7. Name and Address of New Registered Agent

Name: Christine Nielsen
Street Address (P.O. Box Number is Not Acceptable): 4459 Carriage Ct
City: Spring Hill Fl 34606 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Christine Nielsen (Signature, typed or printed name of registered agent and title if applicable.) Christine Nielsen (NOTE: Registered Agent signature required when reinstating) 11/10/13 DATE

FILE NOW!!! FEE IS $538.75
Due by September 27, 2013

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARIAS, GABRIELLA 3 REDWOOD LANE RIDGEFIELD, CT 06877 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800253887708 11/15/13--01029--002 **138.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARIAS, GABRIELLA 3 REDWOOD LANE RIDGEFIELD, CT 06877 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition KGP 3/28

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Gabriella Arias — 11/10/13 — gabriella.arias@gmail.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — E-MAIL ADDRESS

Corporations Payments Tools Activity rvarnadore

Information

Annual Report Filing History

Search By Document ID

I12000003883

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Session

Transaction ID	Description	Filing Stage
I12000003883-9ed3bd77-dd36-4b12-bf7d-fe6be6309421	Session file for I12000003883 with last modified date of 9/11/2013 6:51:19 PM Eastern Standard Time	Edit
I12000003883-f830649c-afdf-4055-ae20-29a2912f1d9f	Session file for I12000003883 with last modified date of 3/28/2013 7:56:19 PM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
I12000003883-f830649c-afdf-4055-ae20-29a2912f1d9f	L12000003883	138.75	0	3/28/2013 7:56:21 PM