

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90137 025 \*\*\*\*50.00

**DOCUMENT # L98000001499**

1. Entity Name  
**NEMS, LLC**



Principal Place of Business  
**2140 RANGE RD  
UNIT H  
CLEARWATER FL 33765**

Mailing Address  
**2140 RANGE RD  
UNIT H  
CLEARWATER FL 33765**

**20010026**



1st MOORE CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3568598**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUNET, NORMAND A  
2140 RANGE RD  
BELLEAIR BEACH FL 33786**

Name  
**BRUNET NORMAND A**

Street Address (P.O. Box Number is Not Acceptable)

**2262 SEQUOIA DRIVE**

City  
**CLEARWATER**

FL

Zip Code  
**33763**

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

Signature, typed or printed name of registered agent and title 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BRUNET, NORMAND A  
108 ALETA DRIVE  
BELLEAIR BEACH FL 33786** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NORMAND BRUNET A  
2262 SEQUOIA DRIVE  
CLEARWATER FL 33763** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BRUNET, EDNA C  
108 ALETA DRIVE  
BELLEAIR BEACH FL 33786** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BRUNET EDNA C  
2262 SEQUOIA DRIVE  
CLEARWATER FL 33763** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **NORMAND A BRUNET**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2-7-05**

Date

Daytime Phone #