2003 LIMITED LIABILITY COMPANY

<u> </u>	HIFUNNI BUSINE	33 NEPUN	<u> </u>	DN)	_	•		
DOCUMENT # L9900002240 1. Entity Name NEXUS SALES LC					0	FILE 3 APR 15 PM		
Principal Plac 1333 N DUVAL FALLAHASSEE	ST.	Mailing Address 1333 N DUVAL ST. TALLAHASSEE FL 32302		O3 APR 15 PM 2:51 SEC TARY DC 5 TAIL TABLEAHASSEE FEBRIDA				
MULATINGOEE	FL 32302	TALLAMASSEE PL 32302				- TO TAYO GENERAL - TO TAYO GENERAL	· EURIDA ••••••••••••••••••••••••••••••••••••	HEN CON IBO
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number	NOT APPLICA		Applied For lot Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of	Status Desired	□ \$5.00 Ad Fee Requir	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Regis	tered Agent	
CLORIDA EN MA A ACADOLI ACRUMACA MA				Name				
FLORIDA FILING & SEARCH SERVICES, INC. 1333 N DUVAL ST TALLAHASSEE FL 32302			}	Street Address (P.O. Box Number is Not Acceptable)				
TALLATIAGGEE PE 32302			1					
				City FL Zip Code				
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	d office or register	ed agent, or both,	in the State of Florida	. I am familiar with	, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agent a				when reinstating)		DATE	
		Make Check Payabl	OW!!!F e to Flo e By Ma	EE IS \$50.00 orida Departmer ny 1, 2003	nt of State 101 04/15/	001607 03010590	1643 01 **2050	. no
9.	MANAGING MEMBE	L RS/MANAGERS	10.			ADDITIONS/CHA	ANGES	
TITLE	MGR	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	, , , , , , , , , , , , , , , , , , , ,		NAME	1				
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TITLE NAME	MGR FIRST SECRETARIES LIMITED TIT			}			∟ change	☐ Audition
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STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				24 30
	ertify that the information supplied with			ction 119 07(3)(i)	Florida Statutes, 1 fuet	her certify that the	information	
indiant d	orally and the information supplied with	and ming does not qualify for	THE GYELL	THE PROPERTY OF SELECTION OF		i iorida otatutes, i lulti	nor oe my marine	anormation

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: SIGNATURE OF SIGNATURE OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-10-03 Date

302-421-5750

Daytime Phone #

CR2E083 (10/02)