

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016240

Entity Name: NEXPRO INTERNATIONAL LLC**Current Principal Place of Business:**2020 PONCE DE LEON BLVD, 1205A
CORAL GABLES, FL 33134**Current Mailing Address:**2020 PONCE DE LEON BLVD, 1205A
CORAL GABLES, FL 33134**FEI Number:** 75-3086065**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANTANIELLO, DELFINO ASR.
2020 PONCE DE LEON BLVD
SUITE 1205A
CORAL GABLES, FL 33134 US*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

Authorized Person(s) Detail :

Title	MGR
Name	NEW CONSULTING LIMITED
Address	1390 BRICKELL AVE. SUITE 200
City-State-Zip:	MIAMI FL 33131
Title	PRESIDENT
Name	GOMARIZ PRATS, JORGE
Address	2020 PONCE DE LEON BLVD, 1205A
City-State-Zip:	CORAL GABLES FL 33134
Title	SECRETARY
Name	ANGARITA, PEDRO LUIS
Address	2020 PONCE DE LEON BLVD, 1205A
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM, VP
Name	SANTANIELLO, DELFINO ASR
Address	2020 PONCE DE LEON BLVD, 1205A
City-State-Zip:	CORAL GABLES FL 33134
Title	GENERAL MGR, TREASURER
Name	SCHALL-ENDEM, ROBIN
Address	2020 PONCE DE LEON BLVD, 1205A
City-State-Zip:	CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JORGE GOMARIZ PRATS**PRESIDENT****04/12/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date