

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000023599

**Entity Name:** NESWES, LLC**Current Principal Place of Business:**41 BAYARD STREET  
NEW BRUNSWICK, NJ 08901**Current Mailing Address:**41 BAYARD STREET  
NEW BRUNSWICK, NJ 08901 US**FEI Number:** 47-3529344**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZURICH, ZAC  
9600 NW 25TH STREET  
2A  
DORAL, FL 33172 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:** ZAC ZURICH

01/08/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                          |                 |                          |
|-----------------|--------------------------|-----------------|--------------------------|
| Title           | MGRM                     | Title           | MGRM                     |
| Name            | WEISS, ROBERT            | Name            | NESIS, NORTON            |
| Address         | 53 HAMLIN ROAD           | Address         | 140 WEST 86 ST., APT. 4A |
| City-State-Zip: | EDISON NJ 08817          | City-State-Zip: | NEW YORK CITY NY 10024   |
| Title           | MGRM                     | Title           | MGRM                     |
| Name            | NESIS, ROSLYN            | Name            | WEISS, MIRIAM            |
| Address         | 140 WEST 86 ST., APT. 4A | Address         | 53 HAMLIN ROAD           |
| City-State-Zip: | NEW YORK CITY NY 10024   | City-State-Zip: | EDISON NJ 08817          |
| Title           | MGRM                     |                 |                          |
| Name            | NESIS, LIEBA             |                 |                          |
| Address         | 140 WEST 86 ST., APT. 4A |                 |                          |
| City-State-Zip: | NEW YORK NY 10024        |                 |                          |

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** NORTON NESIS**MANAGER MEMBER**

01/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date