

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000106912

**Entity Name:** NENENG LLC

**Current Principal Place of Business:**

3616 SOUTH CLARK AVENUE  
TAMPA, FL 33629

**Current Mailing Address:**

3616 SOUTH CLARK AVENUE  
TAMPA, FL 33629 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JJ TAX ACCOUNTING LLC  
18134 SANDY POINTE DR.  
TAMPA, FL 33647 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:** EMIDIIO J. GERMINO

04/22/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                         |                 |                          |
|-----------------|-------------------------|-----------------|--------------------------|
| Title           | MGR                     | Title           | MEMBER/TREAS             |
| Name            | LEAL, NESTOR            | Name            | LEAL, ROSALIND MBR/TREAS |
| Address         | 3616 SOUTH CLARK AVENUE | Address         | 3616 SOUTH CLARK AVENUE  |
| City-State-Zip: | TAMPA FL 33629          | City-State-Zip: | TAMPA FL 33629           |

*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:** NESTOR LEAL

MEMBER MGR.

04/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date