

**2018 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:** 61-1791114

**Certificate of Status Desired:** No

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

LEAL, NESTOR  
3616 SOUTH CLARK AVENUE  
TAMPA, FL 33629 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:** NESTOR LEAL

02/16/2018

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

**TAX MATTERS MANAGER** 02/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date