


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000083215**  
 1. Entity Name  
**IRENE A. NICKOLAKIS, L.L.C.**



Principal Place of Business 1501 S. PINELLAS AVE, SUITE K TARPON SPRINGS, FL 34689	Mailing Address 1501 S. PINELLAS AVE, SUITE K TARPON SPRINGS, FL 34689
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**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 09-2487358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NICKOLAKIS, IRENE A M.D.  
 1501 S. PINELLAS AVE, SUITE K  
 TARPON SPRINGS, FL 34689

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICKOLAKIS, IRENE A M.D. 1501 S. PINELLAS AVE, SUITE K TARPON SPRINGS, FL 34689
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 02/01/08-80015-008 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 606, Florida Statutes.

SIGNATURE: Irene A. Nickolakis      1/23/08 (727) 938-0714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #