

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003055

FILED
Mar 11, 2009
Secretary of State

Entity Name: NICKERSON BROTHERS, L.L.C.

Current Principal Place of Business:

3206 STEVE ROBERTS SPEC ROAD
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

3206 STEVE ROBERTS SPEC
ZOLFO SPRINGS, FL 33890

Current Mailing Address:

3206 STEVE ROBERTS SPEC ROAD
ZOLFO SPRINGS, FL 33890

New Mailing Address:

3206 STEVE ROBERTS SPEC
ZOLFO SPRINGS, FL 33890

FEI Number: 59-3571670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKERSON, JOE D
3206 STEVE ROBERTS SPEC ROAD
ZOLFO SPRINGS, FL 33890 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NICKERSON, JOE D
Address: 3206 STEVE ROBERTS SPEC ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: MGR () Delete
Name: NICKERSON, CHRIS R
Address: 3206 STEVE ROBERTS SPEC ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JOE D. NICKERSON

MGR

03/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date