

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000009890

**Entity Name:** LPD\_NOSIK INC.

**Current Principal Place of Business:**

20323 CHESTNUT GROVE DRIVE  
TAMPA, FL 33647

**Current Mailing Address:**

20323 CHESTNUT GROVE DRIVE  
TAMPA, FL 33647

**FEI Number:** 56-2636401

**Certificate of Status Desired:** No

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

NOSIK, LARISA  
20323 CHESTNUT GROVE DRIVE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MGRM  
Name NOSIK, LARISA  
Address 20323 CHESTNUT GROVE DRIVE  
City-State-Zip: TAMPA FL 33647

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LARISA NOSIK

**CFO**

**04/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date