

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000029680

**Entity Name:** NICHOLSON PARTNERS LLC

**Current Principal Place of Business:**

15450 TAMIAMI TR N #446  
NAPLES, FL 34110

**Current Mailing Address:**

PO BOX 111627  
NAPLES, FL 34108 US

**FEI Number:** 14-1894205

**Certificate of Status Desired:** No

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

NICHOLSON, ALEX W III  
15450 TAMIAMI TR N #446  
NAPLES, FL 34110 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

**Authorized Person(s) Detail :**

Title MGR  
Name NICHOLSON, ALEXANDER W JR  
Address PO BOX 111627  
City-State-Zip: NAPLES FL 34108

*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:** ALEXANDER NICHOLSON

MGR

01/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date