

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000083215

**Entity Name:** IRENE A. NICKOLAKIS, L.L.C.

**Current Principal Place of Business:**

1501 SOUTH PINELLAS AVENUE  
SUITE K  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

1501 SOUTH PINELLAS AVENUE  
SUITE K  
TARPON SPRINGS, FL 34689

**FEI Number:** 09-2487358

**Certificate of Status Desired:** No

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

NICKOLAKIS, IRENE A  
1501 SOUTH PINELLAS AVENUE  
SUITE K  
TARPON SPRINGS, FL 34689 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 MGRM  
Name NICKOLAKIS, IRENE A  
Address 1501 SOUTH PINELLAS AVENUE  
SUITE K  
City-State-Zip: TARPON SPRINGS FL 34689

*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:** IRENE NICKOLAKIS

**MANAGER**

**03/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date