

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090869

Entity Name: 6939 NOB, LLC**Current Principal Place of Business:**1419 OAK FOREST DRIVE
ORMOND BEACH, FL 32174**Current Mailing Address:**1419 OAK FOREST DRIVE
ORMOND BEACH, FL 32174**FEI Number:** 46-2950536**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOETZ-DI NICOLO, LISA JOY
1419 OAK FOREST DR
ORMOND BEACH, FL 32174 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:** LISA JOY GOETZ-DI NICOLO

02/07/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GOETZ-DI NICOLO, LISA JOY
Address 1419 OAK FOREST DRIVE
City-State-Zip: ORMOND BEACH FL 32174-3407

Title OTHER
Name UNDERWOOD, KIM HARRISON USE IN
IA OF PRINCIPLE
Address 555 W GRANADA BLVD
D-2
City-State-Zip: ORMOND BEACH FL 32174

Title MANAGER WHEN THE DI NICOLO'S
ARE NOT AVAILABLE
Name UNDERWOOD, KIM
Address LISA DI NICOLO C/O KIM
UNDERWOOD
1419 OAK FOREST DRIVE
City-State-Zip: ORMOND BEACH FL 32174
Title OFFICE MANAGER
Name HANSON, RITA D
Address 353 N CLYDE MORRIS BLVD
SUITE 1
City-State-Zip: DAYTONA BEACH FL 32114-2732

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: LISA GOETZ-DI NICOLO

MANAGING PARTNER

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date