

**2017 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

04/08/2017

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 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

*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 J GOETZ-DI NICOLO

MANAGER

04/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date