

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049709

Entity Name: NIKKI VIEW DRIVE, LLC**Current Principal Place of Business:**1139 NIKKI VIEW DR.
BRANDON, FL 33511**Current Mailing Address:**10002 PRINCESS PALM AVE, STE 340
TAMPA, FL 33619 US**FEI Number:** 64-0961828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AGLIANO, DENNIS S
5105 N. ARMENIA
TAMPA, FL 33603-1405 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:** DENNIS AGLIANO

02/07/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MR.
Name BOOTHBY, RENE A
Address 5105 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

Title MR.
Name AGLIANO, DENNIS S
Address 5105 N. ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title MR.
Name RIVERA, MIGUEL A
Address 5105 N. ARMENIA AVE.
City-State-Zip: TAMPA FL 33603

Title MR
Name POWELL, SCOTT A
Address 1139 NIKKI VIEW DR.
City-State-Zip: TAMPA FL 33603

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: SCOTT POWELL

MD

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date