

2024 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 318
TAMPA, FL 33619 US**FEI Number:** 64-0961828**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DAVIS, CHRISTOPHER
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:** CHRISTOPHER DAVIS

02/20/2024

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

Title AUTHORIZED MEMBER
Name ROGERS, JEREMY B
Address 10002 PRINCESS PALM AVE, STE 318
318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name NOFSINGER, YOON
Address 10002 PRINCESS PALM AVE, STE 318
318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name AGNELLO, PETER
Address 10002 PRINCESS PALM AVE, STE 318
318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name LEE, JANET
Address 10002 PRINCESS PALM AVE, STE 318
318
City-State-Zip: TAMPA FL 33619

Continues on page 2

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: MIGUEL RIVERA

MEMBER

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name ANDERSON, SCOTT
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name FISHER, MICHELLE
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name BAINES, PAMELA
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619