

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000071593

**Entity Name:** 339 NICHOLSON LLC

**Current Principal Place of Business:**

217 N.WESTMONTE DRIVE  
SUITE 200  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

217 N.WESTMONTE DRIVE  
SUITE 200  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 46-2564227

**Certificate of Status Desired:** No

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

KELLEY & ASSOCIATES, LLC  
217 N.WESTMONTE DRIVE  
SUITE 200  
ALTAMONTE SPRINGS, FL 32714 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 MGR  
Name SANDBROOK CAPITAL IBC  
Address 217 N.WESTMONTE DRIVE  
SUITE 200  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** MIKE SAWBRIDGE

MR

04/29/2015

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

\_\_\_\_\_  
Date