

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000162953

**Entity Name:** NKS PENSACOLA, L.L.C.**Current Principal Place of Business:**2045 FOUNTAIN PROFESSIONAL COURT  
A  
NAVARRE, FL 32566**Current Mailing Address:**2045 FOUNTAIN PROFESSIONAL COURT  
A  
NAVARRE, FL 32566 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHULTZ, KERRY ANNE  
2045 FOUNTAIN PROFESSIONAL CT STE A  
NAVARRE, FL 32566 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:** KERRY ANNE SCHULTZ

03/02/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MAYER HOLDINGS, LLC  
Address 1285 SPRING STREET STE B  
City-State-Zip: GULFPORT MS 39507

Title MBR  
Name ALLEN, HARRY R  
Address 1529 MAGNOLIA STREET  
City-State-Zip: GULFPORT MS 39507

Title MBR  
Name STEVEN AND SAVANNAH JO BENNET  
Address 15208 LISA DRIVE  
City-State-Zip: BILOXI MS 39532

Title MGRM  
Name REEDER ENTERPRISES, LLC  
Address 506 EVENTIDE DRIVE  
City-State-Zip: GULF BREEZE FL 32561

Title MBR  
Name STONE, BEN  
Address 1310 25TH AVENUE  
City-State-Zip: GULFPORT MS 39507

Title MBR  
Name POSITIVE WAVES, LLC  
Address 18224 PRAIRIE DR.  
City-State-Zip: SAUCIER MS 39574

Title MBR  
Name SANDOZ PROPERTIES, LLC  
Address 2366 BEAU CHENE DR.  
City-State-Zip: BILOXI MS 39532

Title MBR  
Name HOLLAND, ELIZABETH B  
Address 4850 MANOLETE  
City-State-Zip: PENSACOLA FL 32504

**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:** SCHULTZ , KERRY ANNE**REGISTERED AGENT**

03/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	MGR
Name	FITZPATRICK, KEVIN
Address	506 EVENTIDE DRIVE
City-State-Zip:	GULF BREEZE FL 32561