

2016 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

01/20/2016

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

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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: REEDER ENTERPRISES, LLC

MGR

01/20/2016

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