

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000168085

**Entity Name:** NOLEGATOR, LLC

**Current Principal Place of Business:**

149 AFTON LANE  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

149 AFTON LANE  
JACKSONVILLE, FL 32259

**FEI Number:** 47-2214153

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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	AMBR	Title	AMBR
Name	CLARKE, SUZANNE	Name	CLARKE, SCOTT
Address	149 AFTON LANE	Address	149 AFTON LANE
City-State-Zip:	JACKSONVILLE FL 32259	City-State-Zip:	JACKSONVILLE FL 32259

*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:** SUZANNE CLARKE

**VICE PRESIDENT**

**04/27/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date