

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000220484

**Entity Name:** NICKERSON BAR III, LLC

**Current Principal Place of Business:**

3206 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890

**Current Mailing Address:**

3206 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890

**FEI Number:** 81-4614028

**Certificate of Status Desired:** No

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

CAMPBELL, COURTNEY N  
3206 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890 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  
Name NICKERSON, JOE D  
Address 3206 STEVE ROBERTS SPECIAL  
City-State-Zip: ZOLFO SPRINGS FL 33890

Title AMBR  
Name NICKERSON, MARLENE  
Address 3206 STEVE ROBERTS SPECIAL  
City-State-Zip: ZOLFO SPRINGS FL 33890

Title AMBR  
Name NICKERSON, LOGAN R  
Address 3206 STEVE ROBERTS SPECIAL  
City-State-Zip: ZOLFO SPRINGS FL 33890

Title AMBR  
Name CAMPBELL, COURTNEY N  
Address 3206 STEVE ROBERTS SPECIAL  
City-State-Zip: ZOLFO SPRINGS FL 33890

*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:** COURTNEY N CAMPBELL

**MANAGING MEMBER**

**02/28/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date