

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000107286

**Entity Name:** N.M.S PERSONAL DEVELOPMENT & WELLNESS COACHING, LLC

**FILED**  
**May 30, 2020**  
**Secretary of State**  
**8825903881CC**

**Current Principal Place of Business:**

784 CREEKWATER TERRACE  
APT 104  
LAKEMARY, FL 32746

**Current Mailing Address:**

784 CREEKWATER TERRACE  
APT 104  
LAKEMARY, FL 32746 US

**FEI Number: 83-0647440**

**Certificate of Status Desired: No**

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

SIMON, NICHOL M  
784 CREEKWATER TERRACE  
APT 104  
LAKEMARY, FL 32746 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 SIMON, NICHOL M  
Address 784 CREEKWATER TERRACE  
City-State-Zip: LAKEMARY FL 32746

*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: NICHOL SIMON**

**OWNER**

**05/30/2020**

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

\_\_\_\_\_  
Date