

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000136399

Entity Name: DR.NICHOLASDEVILLIERS LLC

Current Principal Place of Business:

9501 SW 89TH CT.
MIAMI, FL 33176

Current Mailing Address:

9501 SW 89TH CT.
MIAMI, FL 33176 US

FEI Number: 83-0795377

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEVILLIERS, NICHOLAS
4306 SW 119TH AVE. #307
MIRAMAR, FL 33025 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 DEVILLIERS, NICHOLAS
Address 9501 SW 89TH CT.
City-State-Zip: MIAMI FL 33176

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: NICHOLAS DEVILLIERS

DR

03/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date