

**2020 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.

02/03/2020

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

\_\_\_\_\_ Date