

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000298371

**Entity Name:** NLPV LLC

**Current Principal Place of Business:**

901 7TH AVE S  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

901 7TH AVE S  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 85-3199219

**Certificate of Status Desired:** Yes

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

COOK, KEVIN B  
818 A1A NORTH  
STE. 302  
PONTE VEDRA BEACH, FL 32082 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	Title	MGR
Name	HUGHES, PATRICIA L	Name	SCHMACHTENBERGER, LESLI
Address	401 PONTE VEDRA BLVD	Address	21 SOLANA RD
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082
Title	P		
Name	MEIDE, CINDY E		
Address	1203 9TH AVE N		
City-State-Zip:	JACKSONVILLE BEACH FL 32250-3624		

*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:** CINDY E MEIDE

**PRESIDENT**

**03/06/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date