

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000298371

**Entity Name:** NLPV LLC

**Current Principal Place of Business:**

510 A1A NORTH  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

820 A1A NORTH  
STE. W-4  
PONTE VEDRA BEACH, FL 32082 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  
Name HUGHES, PATRICIA L  
Address 820 A1A NORTH  
STE. W-4  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR  
Name SCHMACHTENBERGER, LESLI  
Address 820 A1A NORTH  
STE. W-4  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title P  
Name MEIDE, CINDY  
Address 820 A1A NORTH  
STE. W-4  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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 MEIDE

**PRESIDENT**

**01/27/2022**

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

\_\_\_\_\_  
Date