

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000129741

**Entity Name:** DR NICOLE MARTIN LLC

**Current Principal Place of Business:**

6822 FISHER ISLAND DR  
MIAMI BEACH, FL 33109

**Current Mailing Address:**

6822 FISHER ISLAND DR  
MIAMI BEACH, FL 33109 US

**FEI Number:** 88-1530932

**Certificate of Status Desired:** No

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

MARTIN, NICOLE  
6822 FISHER ISLAND DR  
MIAMI BEACH, FL 33109 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            MARTIN, NICOLE  
Address        6822 FISHER ISLAND DR  
City-State-Zip: MIAMI BEACH FL 33109

*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:** NICOLE D. MARTIN

**PRESIDENT**

**03/31/2023**

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

\_\_\_\_\_ Date