

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000321270

**Entity Name:** NICHOLAS PAAPE, PLLC

**Current Principal Place of Business:**

5220 BIRCH AVE  
SARASOTA, FL 34233

**Current Mailing Address:**

5220 BIRCH AVE  
SARASOTA, FL 34233 US

**FEI Number:** 93-2267655

**Certificate of Status Desired:** No

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

PAAPE, NICHOLAS  
5220 BIRCH AVE  
SARASOTA, FL 34233 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	AR
Name	PAAPE, NICHOLAS	Name	PAAPE, KRISTINA
Address	5220 BIRCH AVE	Address	5220 BIRCH AVE
City-State-Zip:	SARASOTA FL 34233	City-State-Zip:	SARASOTA FL 34233

*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 PAAPE

01/11/2024

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

\_\_\_\_\_  
Date