

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000003055

**Entity Name:** NICKERSON BROTHERS, L.L.C.

**Current Principal Place of Business:**

3206 STEVE ROBERTS SPEC  
ZOLFO SPRINGS, FL 33890

**Current Mailing Address:**

3206 STEVE ROBERTS SPEC  
ZOLFO SPRINGS, FL 33890

**FEI Number:** 59-3571670

**Certificate of Status Desired:** No

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

NICKERSON, JOE D  
3206 STEVE ROBERTS SPEC  
ZOLFO SPRINGS, FL 33890 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            | NICKERSON, JOE D             | Name            | NICKERSON, CHRIS R     |
| Address         | 3206 STEVE ROBERTS SPEC ROAD | Address         | 9060 TEN MILE GRADE    |
| City-State-Zip: | ZOLFO SPRINGS FL 33890       | City-State-Zip: | ZOLFO SPRINGS FL 33890 |

*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:** CHRIS NICKERSON

**MANAGER**

**03/09/2020**

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

\_\_\_\_\_  
Date