2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0700002704

Entity Name: NICKLAUS COMPANIES, LLC

Current Principal Place of Business:

11780 U.S. HIGHWAY ONE, SUITE 500 NORTH PALM BEACH, FL 33408

Current Mailing Address:

11780 U.S. HIGHWAY ONE, SUITE 500 NORTH PALM BEACH, FL 33408

FEI Number: 01-0895063

Name and Address of Current Registered Agent:

HAILE SHAW & PFAFFENBERGER,P.A. 660 U.S. HIGHWAY ONE -THIRD FLOOR NORTH PALM BEACH, FL 33408 US FILED Apr 24, 2015 Secretary of State CC3503085648

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Authorized Terson(s) Detail .				
Title	СОВ	Title	CEO	
Name	NICKLAUS, JACK W	Name	REESE, JOHN	
Address	11780 U.S. HIGHWAY ONE, SUITE 500	Address	11780 U.S. HIGHWAY ONE, SUITE 500	
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408	
Title	EVP	Title	S	
Name	NICKLAUS, JACK WII	Name	DOTY, DONNA	
Address	11780 U.S. HIGHWAY ONE, SUITE 500	Address	11780 U.S. HIGHWAY ONE, SUITE 500	
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408	
Title	SVP	Title	VP	
Name	SCHNARE, JAMES HII	Name	NICKLAUS, GARY T	
Address	11780 U.S. HIGHWAY ONE, #500	Address	11780 U.S. HIGHWAY ONE, SUITE 500	
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408	

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: DONNA L. DOTY

CORP. SECRETARY

04/24/2015

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date