


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State


02-13-2006 90191 003 ****50.00

DOCUMENT # L00000006372		
1. Entity Name M.L. NIRO, L.C.		

Principal Place of Business 40 CLAREN DR PANAMA CITY BEACH, FL 32413 US	Mailing Address 40 CLAREN DR PANAMA CITY BEACH, FL 32413 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20007522



01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1012045	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent NICHOLAS, LANCE G 1719 S. CO. HWY. 393 SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROTTNER, MICHAEL L 10195 HIGH FALLS POINTE ALPHARETTA, GA 30022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICHOLAS, LANCE G 40 CLARON DR PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:  **LANCE NICHOLAS** **Member** **2/1/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20007522
L00000000372

CARR, RIGGS INGRAM, LLC
4460 LEGENDARY DRIVE, SUITE 100
DESTIN, FLORIDA 32541
850-837-3141

FILING INSTRUCTIONS

2006 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Name: M.L. Niro, LC

Date Due: May 1, 2006

Remittance: \$50.00 is to be filed with the form and the check should be made payable to the Florida Department of State.

Mail to: Limited Liability Company
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6478

Signature: This return should be reviewed for accuracy with any corrections or changes made in the space provided. The form should be signed and dated on page 1 by the managing member, manager, or authorized representative of the organization.

Other: Changes must be typed or printed in ink and legible.