

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000008874



1. Entity Name
NOLMARK, INC.

Principal Place of Business
1427 SEGOVIA PLACE
THE VILLAGES, FL 32162

Mailing Address
1427 SEGOVIA PLACE
THE VILLAGES, FL 32162



04102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3352519

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOLAN, JAMES K
1427 SEGOVIA PLACE
THE VILLAGES, FL 32162

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
NOLAN, JAMES K
1427 SEGOVIA PLACE
LADY LAKE, FL 32162

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
NOLAN, COLLEEN K
1427 SEGOVIA PLACE
LADY LAKE, FL 32162

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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CITY- ST- ZIP

U00000704868
04/23/07-80028-011 50.00

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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: *James K. Nolan* JAMES K. NOLAN

4/10/07 (352) 259-7401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #