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ZUUl	UNIFURM	BUSINESS	KEPUKI	IUBRI
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200	I UNIFORM BUS	INE33 REPU	HI (UDK)	<u>'</u>					
DOCU 1. Entity Nam	MENT # L00000	÷							
NICK SYSTEM, LLC					FILED				
Principal Plac	ce of Business		) <del>1  </del> JUL +(	5 AM 8: 47					
Principal Place of Business  FREDERICK E. NICK 5637 FOREST HAVEN #101 TAMPA FL 33615		FREDERICK E. NICK.  5637 FOREST HAVEN #101  TALL  TAMPA FL 33615		SECRETAR ALLAHASS	Y OF STATE EE, FLORIDA		i sütü üli iüü		
Principal Place of Business     3. Mailing Address			y EGT						
Suite, Apt. #, etc.		Y.O.BOX 595 Suite, Apt. #, etc. DCOS MAR			DO NOT WRITE	IN THIS SPACE			
City & State		City & State		4. FEI	lumber -3686341	<del></del>	pplied For ot Applicable		
Zip	Country	zip 34677	HN/S 604	5. Certi	ficate of Status Desired	\$5.00 Ad Fee Require	ditional ed		
	6. Name and Address of Current	Registered Agent	Namo-T	7. Nami	and Address of New Re	gistered Agent			
GR	iable, douglas l		Street Addr	BO GOVE	fumber is Not Acceptable)	<u>'c</u> \			
	0 N. HIGH STREET KE MARY FL 32746	Sireer Addr	37 7	(umber is Not Acceptable)	En #101				
C				To PA	/		33615		
8. The above	named entity submits this statement for	the purpose of changing its	registered office or he	gistered agent,	_				
SIGNATURE TO BUIL E. Wilk Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent Eignature register when reinstating)  DATE									
		.00 int of State		٠.					
9.	MANAGING MEMBE		September 26, 20	U1	APPITIONS				
TITLE	MGR MEMBE	Delete	10.		ADDITIONS/C	Change	Addition		
NAME NICK, FREDERICK E STREET ADDRESS 5637 FOREST HAVEN CR., STE 101			NAME STREET ADDRESS CITY-ST-ZIP		00000044		4		
TITLE	TAMPA FL	☐ Delete	TITLE		<del>-07/13</del> /	<del>'0101083-</del> -	U Taddition		
NAME STREET ADDRESS		_ 5000	NAME STREET ADDRESS		▼字本字字 <u>:</u>	5.00 *******	55,00		
CITY-ST-ZIP			CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP		~ □ Delete * *	NAME STREET ADDRESS CITY-ST-ZIP	√″ .ç <del></del> .	. ખેરજ ર છ . નુ	Change	— . ☐ Addition . [		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		1				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE \$	Sec. Comments	☐ Delete	TITLE			Change	☐ Addition		
STREET ADORESS CITY-ST-ZIP	·		NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destine Phone #									