

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91596 014 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L-01000000635

1. Entity Name

NIMBLE OBJECTS LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1004 Corkwood Dr

Suite, Apt. #, etc.

3. Mailing Address

1004 Corkwood Dr

Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

Oviedo FL

4. FEI Number

59-3697936

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32765

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Amir A Oloufa

Street Address (P.O. Box Number is Not Acceptable)
4000 Central Florida Blvd

City Orlando

FL

Zip Code
32816-8005

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

4/15/02

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Amir A Oloufa 4000 Central Florida Blvd Orlando FL 32816-8005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

407-971-7737 (H)

4/15/02 407-823-3592 (W)

CR2E083B (12/01)