

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000017946**

1. Entity Name

NOKIMA, LLC

Principal Place of Business

**149 WESTWOOD DR.
DAYTONA BEACH FL 32119**

Mailing Address

**149 WESTWOOD DR.
DAYTONA BEACH FL 32119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3753882

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**IKON, IMA
149 WESTWOOD DR.
DAYTONA BEACH FL 32119**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **OPERATING MANAGER** ☐ Delete
NAME **IMA IKON**
STREET ADDRESS **149 WESTWOOD DRIVE**
CITY-ST-ZIP **DAYTONA BEACH, 32119 FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/23/2002

Date

Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90957 049 ****55.00

27149



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)