

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039372

Entity Name: NERVE, L.L.C.

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

118 N BEACH STREET
DAYTONA BEACH, FL 32114

Current Mailing Address:

118 N BEACH STREET
DAYTONA BEACH, FL 32114

New Principal Place of Business:

600 MASON AVE
SUITE 140
DAYTONA BEACH, FL 32117

New Mailing Address:

600 MASON AVE
SUITE 140
DAYTONA BEACH, FL 32117

FEI Number: 71-0954164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINN, NICOLE M
657 OCEANSHORE BLVD.
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

ERTHAL, MICHAEL J
600 MASON AVE
SUITE 140
DAYTONA BEACH, FL 32117 US

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: MICHAEL J ERTHAL

01/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LINN, NICOLE M
Address: 657 OCEANSHORE BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM () Delete
Name: HODGES, RHONDA
Address: 657 OCEANSHORE BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HODGES, RHONDA
Address: 2411 ORIOLE
City-St-Zip: SOUTH DAYTOAN, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICOLE M. LINN

MGRM

01/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date