

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90196 048 *****50.00

DOCUMENT # L03000050825

1. Entity Name

NOKOMIS REAL ESTATE VENTURE, LLC



Principal Place of Business

**119 TAMIAMI TRAIL
NOKOMIS FL 34275**

Mailing Address

**119 TAMIAMI TRAIL
NOKOMIS FL 34275**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

20-0464853

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

**WALLACK, MICHAEL M ESQ.
27 FLETCHER AVENUE
SARASOTA FL 34237**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
DRACERS, II, DANIEL D
1241 SOUTH VIEW DRIVE
SARASOTA FL 34242**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DRAGASH, DANIEL D.
1241 South View Dr.
SARASOTA, FL 34242**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
HUSTDH, TOM
1001 MANRTI
MIAMI FL 33146**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**HUSTON, TOM
4251 SALZEDO ST., #701
Coral Gables, FL 33146**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: *Daniel D. Dragash* (DANIEL D. DRAGASH)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

941-484-1305

Date

Daytime Phone #