


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000001041

1. Entity Name
PATRICK NICHOLS, LLC



Principal Place of Business 3329 SW 57 AVE DAVIE, FL 33314 US	Mailing Address 3329 SW 57 AVE DAVIE, FL 33314 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 26-7727846	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, PATRICK
 3329 SW 57 AVE
 DAVIE, FL 33314

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Patrick Nichols* DATE: 03-31-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000878674
 04/14/08-80065-003 5.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLS, PATRICK J 3329 SW 57 AVE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLS, PATRICK JOSEPH II 3329 SW 57 AVE DAVIE, FL 33314
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/14/08-80065-004 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Patrick Nichols* DATE: 03-31-08 DAYTIME PHONE: 954 882-1899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #