## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000001041

Entity Name: PATRICK NICHOLS, LLC

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3329 SW 57 AVE 9489 NW 19 PLACE

DAVIE, FL 33314 US SUNRISE, FL 33322 US

Current Mailing Address: New Mailing Address:

3329 SW 57 AVE 9489 NW 19 PLACE

DAVIE, FL 33314 US SUNRISE, FL 33322 US

FEI Number: 26-7727846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICHOLS, PATRICK
3329 SW 57 AVE
NICHOLS, PATRICK
9489 NW 19 PLACE

DAVIE, FL 33314 US SUNRISE, FL 33322 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: 02/05/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 NICHOLS, PATRICK J
 Name:
 NICHOLS, PATRICK J

 Address:
 3329 SW 57 AVE
 Address:
 9489 NW 19 PLACE

 City-St-Zip:
 DAVIE, FL 33314 US
 City-St-Zip:
 SUNRISE, FL 33322 US

 Title:
 MGRM () Delete
 Title:
 MGRM (X) Change () Addition

 Name:
 NICHOLS, PATRICK JOSEPH II
 Name:
 NICHOLS, PATRICK JOSEPH II

 Address:
 3329 SW 57 AVE
 Address:
 9489 NW 19 PLACE

 City-St-Zip:
 DAVIE, FL 33314 US
 City-St-Zip:
 SUNRISE, FL 33322 US

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: PATRICK NICHOLS MGRM 02/05/2009