

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-10-2005 90046 040 ****50.00

DOCUMENT # L04000003909

1. Entity Name
THE NOOK LLC



Principal Place of Business
P.O. 180537
TALLAHASSEE, FL 32318

Mailing Address
P.O. 180537
TALLAHASSEE, FL 32318

30000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05092005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0596901

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLEISCHMAN, SCOTT D
3128 HAWKS LANDING DR
TALLAHASSEE, FL 32309

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

Scott D. Fleischman
Signature, typed or printed name of registered agent and title if applicable.

SCOTT D. FLEISCHMAN
(NOTE: Registered Agent signature required when re-registering)

4/29/05
DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FLEISCHMAN, SCOTT D
P.O. 180537
TALLAHASSEE, FL 32318 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FLEISCHMAN, JULIE E
P.O. 180537
TALLAHASSEE, FL 32318 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 606, Florida Statutes.

SIGNATURE: *Scott Fleischman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/6/05
Date Daytime Phone #