

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90204 028 ****50.00

DOCUMENT # L04000007286

1. Entity Name

NICKIGRACIERILEY, LLC



Principal Place of Business

P.O. BOX 1741
SANTA ROSA BEACH FL 32459
US

Mailing Address

P.O. BOX 1741
SANTA ROSA BEACH FL 32459
US



2. Principal Place of Business

342 Emerald Ridge
Suite, Apt. #, etc.

3. Mailing Address

342 Emerald Ridge
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Santa Rosa Bch, FL

Zip

32459

Country

US

City & State

Santa Rosa Bch, FL

Zip

32459

Country

US

4. FEI Number

30-0225879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCNEESE, RICHARD S
36468 EMERALD COAST PARKWAY
SUITE 1201
DESTIN FL 32541

7. Name and Address of New Registered Agent

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RICCI, TYRA A
STREET ADDRESS P.O. BOX 38095
CITY-ST-ZIP GERMANTOWN TN 38183

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Tyra A. Ricci
STREET ADDRESS 342 Emerald Ridge
CITY-ST-ZIP Santa Rosa Beach, FL 32459

☒ 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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/23/06 (850) 622-5731