

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000020750

Entity Name: NICHOLSON SCREEN, LLC

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

1204 TIGER WOOD COURT  
VALRICO, FL 33594 US

## **New Principal Place of Business:**

1204 TIGER WOOD COURT  
VALRICO, FL 33596 US

## **Current Mailing Address:**

1204 TIGER WOOD COURT  
VALRICO, FL 33594 US

## **New Mailing Address:**

1204 TIGER WOOD COURT  
VALRICO, FL 33596 US

FEI Number: 59-2072727

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

NICHOLSON, CHAD T  
1204 TIGER WOOD COURT  
VALRICO, FL 33594 US

## **Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NICHOLSON, CHAD T  
Address: 1204 TIGER WOOD COURT  
City-St-Zip: VALRICO, FL 33594 US

## **ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHAD NICHOLSON

MGR

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date