

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-07-2005 90062 020 ****50.00

DOCUMENT # L04000026932					
1. Entity Name NICHOLAS INSURANCE, LLC					
Principal Place of Business 3895 TAMPA ROAD OLDSMAR FL 34677			Mailing Address P.O. BOX 1859 OLDSMAR FL 34677		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 57-1160719	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DIANA, NICHOLAS 3895 TAMPA ROAD OLDSMAR FL 34677				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 _____ (NOTE: Registered Agent signature required when reappointing)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DIANA, NICHOLAS 3895 TAMPA ROAD OLDSMAR FL 34677				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CORKINS, DEBORAH 3895 TAMPA ROAD OLDSMAR FL 34677				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DIANA, CHRISTINA 3895 TAMPA ROAD OLDSMAR FL 34677				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]				
10. ADDITIONS/CHANGES					
NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #					