

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026932

Entity Name: NICHOLAS INSURANCE, LLC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

3895 TAMPA ROAD
OLDSMAR, FL 34677

Current Mailing Address:

New Mailing Address:

3895 TAMPA ROAD
OLDSMAR, FL 34677

FEI Number: 57-1160719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DIANA, NICHOLAS
3895 TAMPA ROAD
OLDSMAR, FL 34677 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: DIANA, NICHOLAS
Address: 3895 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

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

Title: MGRM () Delete
Name: DIANA, CHRISTINA
Address: 3895 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM (X) Change () Addition
Name: PEDRAZA, CHRISTINA
Address: 3895 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: DIANA, MICHAEL
Address: 3895 TAMPA ROAD
City-St-Zip: OLDSMAR, FL 34677

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: NICHOLAS DIANA

MGR

04/21/2008

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