## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000026932

Entity Name: NICHOLAS INSURANCE, LLC

**FILED** Apr 15, 2009 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:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

Title: () Change () Addition () Delete

DIANA, NICHOLAS Name: Name: Address: 3895 TAMPA ROAD Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: PEDRAZA, CHRISTINA Name: SORIA, PATRICIA

Address: 3895 TAMPA ROAD Address: 3895 TAMPA ROAD City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition DIANA, MICHAEL Name: DENISIO, DAWN Name:

3895 TAMPA ROAD Address: 3895 TAMPA ROAD Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

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: DAWN DENISIO **MGRM** 04/15/2009