

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000026932

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** NICHOLAS INSURANCE, LLC

**Current Principal Place of Business:**

3895 TAMPA ROAD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

3895 TAMPA ROAD  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 57-1160719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**Title:** MGRM  
**Name:** SORIA, PATRICIA  
**Address:** 3895 TAMPA ROAD  
**City-St-Zip:** OLDSMAR, FL 34677

**Title:** MGRM  
**Name:** DENISIO, DAWN  
**Address:** 3895 TAMPA ROAD  
**City-St-Zip:** OLDSMAR, FL 34677

I hereby 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

04/22/2010

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