

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000061955

1. Entity Name

NICHOLS STRASSER INVESTMENTS, LLC



Principal Place of Business

**1042 N. US HWY 1
ORMOND BEACH FL 32174**

Mailing Address

**1042 N. US HWY 1
ORMOND BEACH FL 32174**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1553146

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRASSER, CHARLES L
1042 N US HWY 1
ORMOND BEACH FL 32174**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM ☐ Delete
NAME: STRASSER, CHARLES L
STREET ADDRESS: 1042 NORTH UNITED STATES HIGHWAY ONE
CITY-STATE-ZIP: ORMOND BEACH FL 32174

☐ Change ☐ Addition
NAME: 000000632046
STREET ADDRESS: 02/21/07-80006-012 50.00
CITY-STATE-ZIP:

TITLE: MGRM ☐ Delete
NAME: NICHOLS, MICHAEL R
STREET ADDRESS: 3544 SHORELINE CIRCLE
CITY-STATE-ZIP: PALM HARBOR FL 34684

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
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☐ Change ☐ Addition
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STREET ADDRESS:
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Charles L Strasser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/5/07

386-673-7007

Date

Daytime Phone #