

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000011862 1. Entity Name NIKKALA EGAN LLC	
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Principal Place of Business 2266 KIMBERWICKE CIRCLE MEYERS HOUSE OVIEDO, FL 32765 US	Mailing Address 2266 KIMBERWICKE CIRCLE MEYERS HOUSE OVIEDO, FL 32765 US
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01132007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2450688	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent EGAN, NIKKALA C/O RICHARD H. MANN, CPA 1311 E. SECOND ST. SANFORD, FL 32771	DO NOT WRITE IN THIS SPACE
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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 <u>Nikkala Egan, NIKKALA EGAN, Registered Agent</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE <u>January 18, 2007</u>

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EGAN, NIKKALA 2266 KIMBERWICKE CIRCLE - MEYERS HOUSE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.
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SIGNATURE: Nikkala Egan, NIKKALA EGAN January 18, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

PLEASE CONTACT VIA
E-MAIL:
NIKKI_EGAN@
COMPUSE.RVE.
COM