

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90078 022 \*\*\*\*50.00

**DOCUMENT # L05000013831**

1. Entity Name  
NATIONWIDE COURT SERVICES OF FLORIDA, LLC



Principal Place of Business  
1271 NW 18TH AVE  
DELRAY BEACH, FL 33445

Mailing Address  
1271 NW 18TH AVE  
DELRAY BEACH, FL 33445

**20052629**



2. Principal Place of Business

*same*

3. Mailing Address

*same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08072006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

*27-0115807*

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NELSON, ARLENE  
1271 NW 18TH AVE  
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name

*same*

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 reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME NELSON, ARLENE  
STREET ADDRESS 1271 NW 18TH AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

**SIGNATURE:**

*Arlene Nelson*

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

Date

*8/7/2006*

Daytime Phone #