

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90210 006 ****55.00

DOCUMENT # L05000032313

1. Entity Name

JAMES NICHOLS LLC



Principal Place of Business

1542 TENNESSEE ST
ALFORD FL 32420
US

Mailing Address

1542 TENNESSEE ST
ALFORD FL 32420
US

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

3. Mailing Address

P.O. Box 546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Alford FL

Zip

Country

Zip

32420

Country

Jackson

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLS, JAMES
1542 TENNESSEE ST
ALFORD FL 32420

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 reinstating)

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
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
NICHOLS, JAMES
1542 TENNESSEE ST
ALFORD FL 32420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
NICHOLS, NANCY
1542 TENNESSEE ST
ALFORD FL 32420 ☐ Delete

TITLE
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STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

James Nichols

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

2-16-07

Date

(850) 579-2512

Daytime Phone #