

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059829

FILED
Feb 18, 2009
Secretary of State

Entity Name: NICKOLAKIS FAMILY LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1501 S. PINELLAS AVE, SUITE K
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1501 S. PINELLAS AVE, SUITE K
TARPON SPRINGS, FL 34689

New Mailing Address:

258 RUE DES LACS
TARPON SPRINGS, FL 34688

FEI Number: 09-2487358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKOLAKIS, IRENE A M.D.
1501 S. PINELLAS AVE, SUITE K
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

NICKOLAKIS, IRENE A M.D.
258 RUE DES LACS
TARPON SPRINGS, FL 34688 US

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:

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NICKOLAKIS, IRENE A M.D.
Address: 1501 S. PINELLAS AVE, SUITE K
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NICKOLAKIS, IRENE A M.D.
Address: 258 RUE DES LACS
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: IRENE A. NICKOLAKIS

PRES

02/18/2009

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