


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90352 050 \*\*\*\*55.00

<b>DOCUMENT #</b> <u>L05000080114</u>	
1. Entity Name <u>M.J. Nichols &amp; Associates, LLC</u>	
Document # <u>L05000080114</u>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>14657 93 St. N.</u>		3. Mailing Address <u>14657 93 St. N.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>West Palm Beach, FL</u>		City & State <u>West Palm Beach, FL</u>	
Zip <u>33412</u>	Country <u>USA</u>	Zip <u>33412</u>	Country <u>USA</u>

4. FEI Number <u>20-3406742</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <u>Spiegel &amp; Utrera, P.A.</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>1840 Coral Way, 4th Floor</u>	
	City <u>Miami</u>	FL Zip Code <u>33145</u>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>Michael J. Nichols</u> <u>14657 93 St. N.</u> <u>West Palm Beach, FL 33412</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-3-07 561753-0554  
Date Daytime Phone #

CR2E083B (12/02)