LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05000080114

1. Entity Name

M.J.Nichols & Associates, LLC



FILED May 23, 2008 8:00 am Secretary of State

04-23-2008 90125 044 ****55.00 05-23-2008 90159 031 ****88 75

| M.J.Nichols & Associates, LLC | | | | | | | 03-25-200 | 0 2013 | 051 | 66.75 |
|---|--|----------------|---|------------------------------------|--|---|---------------------------|--------------------------|----------------------------|-------------------------------|
| | DO NOT W | RITE | IN THIS | SPAC | E | | | | 50 | 005720 |
| 2. Principal Place of Business 14657 93rd St. N. | | | 3. Mailing Address 14657 93rd St. N. | | | - | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State West Palm Beach | | | City & State West Palm Beach | | | 4. FEI Number 20-3406742 Applied For Not Applied by | | | | Applied For Not Applicable |
| ^{Zip} 33412 | 2 Country Zip 3341 | | Zip 33412 | Country USA | | 5. Certificat | e of Status Desired | Ø | \$5.00 Fee Req | Additional uired |
| | | | | | Name Caine | | Address of Current I | Registered | Agent | |
| DO NOT WRITE | | | | | Spiegei & Utrera, P.A. | | | | | |
| IN THIS SPACE | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | · |
| | | | | | 1840 Coral Way, 4th Floor | | | | | nde |
| The above named entify submits this statement for the purpose of changing its regis the obligations of registered agent. | | | | | City Miami ed office or registe | ered agent, or be | oth, in the State of Flor | FL ida. I am f | Zip C 331 amiliar wi | |
| _ | ions of registered agent. | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and little if applicable. | | | | | | | | DATE | | |
| | · | | Make Check F | FEE IS Payable to Fid DUE BY | orida Departme | ent of State | | | | |
| 9. | MANAGIN | IG MEMBERS | /MANAGERS | | | | | | | |
| TITLE NAME STREET ADDRESS | Michael J. Nichols - MGRM 14657 93rd St. N. | | | | E Et address | | | | | |
| CITY-ST-ZIP | West Palm Beach, FL 33412 | | | | -ST-ZIP | | | | | |
| TITLE NAME | | | | TITLE | | | | | | |
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| STREET ADDRESS | | | | | ET ADDRESS | _ | A 10T 1 | AIDI- | | |
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| STREET ADDRESS | | | | MAME STREE | ET ADDRESS | | | | | |
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| NAME Street adoress | | | | NAME STREE | ET ADDRESS | | | | | |
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| TITLE | | · | | MLE | | | | | | , <u> </u> |
| NAME STREET ADDRESS | | | | HAME STREE | ET ADDRESS | | | | | |
| CITY-ST-71P | | | | | ST-ZIP | | | | | |
| indicated | certify that the information su on this report is true and ac- bility company or the receive | curate and the | it my signature shal | I have the same | legal effect as if i | made under oat | n; that I am a managi | further cert ng membe | tify that the or mana | e information ager of the |
| CICNAT | 1105. | La | A | , | April 1 | 7 200 | 8 561- | 753 | -055 | -4 |