

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086774

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** NICHOLSON'S GRADING, BUSHOG & LANDSCAPING, LLC

**Current Principal Place of Business:**

14442 BUCZAK ROAD  
BROOKSVILLE, FL 34614 US

**New Principal Place of Business:**

16540 BREAKWATER LANE  
SPRING HILL, FL 34610 US

**Current Mailing Address:**

14442 BUCZAK ROAD  
BROOKSVILLE, FL 34614 US

**New Mailing Address:**

P O BOX 11454  
SPRING HILL, FL 34610 US

**FEI Number:** 20-3415396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICHOLSON, WILLIAM M  
14442 BUCZAK ROAD  
BROOKSVILLE, FL 34614 US

**Name and Address of New Registered Agent:**

NICHOLSON, WILLIAM M  
16540 BREAKWATER LANE  
SPRING HILL, FL 34610 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:**

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** NICHOLSON, WILLIAM M  
**Address:** 14442 BUCZAK ROAD  
**City-St-Zip:** BROOKSVILLE, FL 34614 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** NICHOLSON, WILLIAM M  
**Address:** 16540 BREAKWATER LANE  
**City-St-Zip:** SPRING HILL, FL 34610 US

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:** WILLIAM M. NICHOLSON

MGRM

04/14/2009

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