


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90014 038 \*\*\*138.75

**DOCUMENT # L05000089965**  
1. Entity Name  
**NICK'S CUSTOM WOODWORKING, LLC**



Principal Place of Business: **12414 WEBBER RD  
FOUNTAIN FL 32438**  
Mailing Address: **5611 DAIRY BARN LANE  
GRACEVILLE FL 32440**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
**12414 webber Rd**  
Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State: **Fountain Fla.**  
Zip: **32438** Country: **Bay**

4. FEI Number: **20-4775918**  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GIOIELLO, JOHN L ESQ  
404 JENKS AVENUE  
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS  |                                 |
|---|---------------------------------|
| TITLE: MGRM<br>NAME: CICIN, NIKOLA<br>STREET ADDRESS: 5611 DAIRY BARN LANE<br>CITY-ST-ZIP: GRACEVILLE FL 32440                    | <input type="checkbox"/> Delete |
| TITLE: MGRM<br>NAME: <del>VERSLAIS-CLEIN, STACY</del><br>STREET ADDRESS: 5611 DAIRY BARN LANE<br>CITY-ST-ZIP: GRACEVILLE FL 32440 | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES  |  |
|--|--|
| TITLE: MGRM<br>NAME: Nikola Cicin<br>STREET ADDRESS: 12414 webber Rd.<br>CITY-ST-ZIP: Fountain Fl. 32438         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: MGRM<br>NAME: Stacy Versluis-Cicin<br>STREET ADDRESS: 12414 webber Rd.<br>CITY-ST-ZIP: Fountain Fl. 32438 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Nikola Cicin* **Nikola Cicin** **4/16/08** **850-7228611**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #