

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90158 040 ****50.00

DOCUMENT # L06000002328

1. Entity Name

NICHOLS SERVICES LLC



Principal Place of Business

1408 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168

Mailing Address

1408 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business - No P.O. Box #

SAME AS ABOVE

3. Mailing Address

PO BOX 2358

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW SMYRNA BEACH, FL

Zip

Country

Zip

32170-2358

Country

FLORIDA

4. FEI Number

83-04469-09

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, DAVID W
1408 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: NICHOLS, DAVID W
STREET ADDRESS: 1408 PIONEER TRAIL
CITY- ST- ZIP: NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE: ☐ Delete
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10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ 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:

David W. Nichols

4-3-07

386 547 8727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #