


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

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90104 014 \*\*\*138.75

<b>DOCUMENT # L06000002328</b>			
1. Entity Name <b>NICHOLS SERVICES LLC</b>			
Principal Place of Business <b>1408 PIONEER TRAIL NEW SMYRNA BEACH FL 32168</b>		Mailing Address <b>PO BOX 2358 NEW SMYRNA BEACH FL 32170</b>	
2. Principal Place of Business - No P.O. Box # <b>1043 BEULAH DR.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>EDGEWATE FL</b>		City & State	
Zip <b>32132</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>83-0446909</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NICHOLS, DAVID W 1408 PIONEER TRAIL NEW SMYRNA BEACH FL 32168</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NICHOLS, DAVID W 1408 PIONEER TRAIL NEW SMYRNA BEACH FL 32168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>David W. Nichols</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			



1st MOORE CR2E083 (10/07)