2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2007
Secretary of State

DOCUMENT# L06000014425

Entity Name: NICOLOFF, LLC

Current Principal Place of Business:

C/O BEATRIZ ALVARADO
1111 KANE CONCOURSE, SUITE 410
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

C/O BEATRIZ ALVARADO
701 THREE ISLANDS BLVD #101
HALLANDALE, FL 33009

Current Mailing Address:

C/O BEATRIZ ALVARADO
1111 KANE CONCOURSE, SUITE 410
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

C/O BEATRIZ ALVARADO
701 THREE ISLANDS BLVD #101
HALLANDALE, FL 33009

FEI Number: 20-4448339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLAN M. GLASER, P.A.
11900 BISCAYNE BLVD. SUITE 807
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: NICOLOFF, CYRIL A
Address: 701 THREE ISLANDS BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: S ( ) Change (X) Addition
Name: ALVARADO, BEATRIZ V
Address: 701 THREE ISLANDS BLVD #101
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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: CYRIL NICOLOFF P 02/04/2007

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