

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014425

Entity Name: NICOLOFF, LLC

FILED
Mar 26, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: NICOLOFF, CYRIL A
Address: 600 THREE ISLANDS BLVD #202B
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CYRIL NICOLOFF

P

03/26/2008

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