

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022023

**FILED**  
**Jun 19, 2008**  
**Secretary of State**

**Entity Name:** NICHOL BUCK SCAPE, LLC

**Current Principal Place of Business:**

310 E. CHESTER STREET  
MINNEOLA, FL 34715

**New Principal Place of Business:**

15746 S.R. 19  
GROVELAND, FL 34736

**Current Mailing Address:**

310 E. CHESTER STREET  
MINNEOLA, FL 34715

**New Mailing Address:**

15746 S.R. 19  
GROVELAND, FL 34736

**FEI Number:** 56-2542551      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NICHOLS, WENDELL  
310 E. CHESTER STREET  
MINNEOLA, FL 34715      US

**Name and Address of New Registered Agent:**

NICHOLS, WENDELL  
15746 S.R. 19  
GROVELAND, FL 34736      US

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: \_\_\_\_\_

06/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NICHOLS, WENDELL  
Address: 310 E. CHESTER STREET  
City-St-Zip: MINNEOLA, FL 34715

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: NICHOLS, WENDELL  
Address: 15746 S.R. 19  
City-St-Zip: GROVELAND, FL 34736

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: WENDELL NICHOLS

MGR

06/19/2008

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