


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90041 019 ****50.00

DOCUMENT # L06000033782	
1. Entity Name FULL NELSON LLC	

Principal Place of Business 1524 39TH STREET WEST PALM BEACH, FL 33407	Mailing Address 1524 39TH STREET WEST PALM BEACH, FL 33407
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60036132



2. Principal Place of Business - No P.O. Box # 233 SW 28th Avenue	3. Mailing Address 233 SW 28th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03092007 Chg-LLC CR2E083 (12/06)

City & State Delray Beach FL	City & State Delray Beach FL
Zip 33445	Zip 33445
Country USA	Country USA


4. FEI Number 20-4748857	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent SHAPIRO, ROBERT LEE P.A. 2401 PGA BLVD., STE. 272 PALM BEACH GARDENS, FL 33410	
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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  (NOTE: Registered Agent signature required when reinstating) DATE **4/9/07**

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAIT, NELSON 1524 39TH STREET WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tillman Eddy 233 SW 28th Avenue Delray Beach FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Chapter 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:  DATE **4/9/07 (561) 704-6246**