## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034935

Name:

Address:

City-St-Zip:

NELSON, ERIKA P

3946 MUIRFIELD BLVD E.

JACKSONVILLE, FL 32225 US

Entity Name: NELSON & COMPANY, LC

FILED Feb 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1622 HICKMAN ROAD JACKSONVILLE, FL 32216 US **Current Mailing Address: New Mailing Address:** 1622 HICKMAN ROAD JACKSONVILLE, FL 32216 US FEI Number: 20-4835110 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROCK, LINDSEY C III 9995 GÁTE PARKWAY N. SUITE 190 JACKSONVILLE, FL 32246 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition NELSON, JOHN L Name: Name: Address: 3946 MUIRFIELD BLVD E. Address: City-St-Zip: JACKSONVILLE, FL 32225 US City-St-Zip: Title: MGRM () Delete 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: ERIKA NELSON MGRM 02/09/2009