

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049133

Entity Name: NELSON 1622, LLC

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1622 HICKMAN ROAD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

1622 HICKMAN ROAD  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 52-2391982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

BROCK, LINDSEY C III  
9995 GATE PARKWAY NORTH  
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:**

Title: MGR  
Name: NELSON, JOHN L  
Address: 3946 MUIRFIELD BLVD E  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM  
Name: NELSON, ERIKA P  
Address: 3946 MUIRFIELD BLVD E  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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

05/12/2010

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