

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000056943

1. Entity Name
NILLOK LLC



Principal Place of Business
154 NEWPORT DRIVE
SUITE 1301
NAPLES, FL 34114 US

Mailing Address
154 NEWPORT DRIVE
SUITE 1301
NAPLES, FL 34114 US

FILED
Aug 08, 2008 08:00 AM
Secretary of State



07112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1748959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOLLIN, BEVERLY
154 NEWPORT DRIVE
SUITE 1301
NAPLES, FL 34114

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000957398
08/08/08-80007-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLLIN, BEVERLY 154 NEWPORT DRIVE, SUITE 1301 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLLIN, THOMAS 154 NEWPORT DRIVE, SUITE 1301 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SAUG 8 8004821479

Date

Daytime Phone #