

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059162

Entity Name: NITTANY-NOLES, LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

5213 OAK DRIVE
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

5213 OAK DRIVE
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 20-5359026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AKERSON, MARK R
5213 OAK DRIVE
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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 () Delete
Name: AKERSON, CATHLEEN
Address: 5213 OAK DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: MGR () Delete
Name: SPENCE, SABRINA
Address: 2855 MAGNOLIA BLOSSOM LANE
City-St-Zip: MARIANNA, FL 32446

Title: MGRM () Delete
Name: AKERSON, MARK
Address: 5213 OAK DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: MGRM () Delete
Name: SPENCE, JOHN
Address: 2855 MAGNOLIA BLOSSOM LANE
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK AKERSON

MGRM

01/19/2009

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