2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State
04-03-2007 90118 029 ****55.00

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1. Entity Name
JESS NICHOLS, LLC

60031622

Principal Place of Business	Mailing Address
517 KELLYGREEN DRIVE ORLANDO, FL 32828	517 KELLYGREEN DRIVE ORLANDO, FL 32828

02062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - Not P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
20-5549097
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, SOUTH & MILHAUSEN, P.A.
C/O RICHARD D. BAXTER, ESQ.
1000 LEGION PLACE, SUITE 1200
ORLANDO, FL 32801

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. The entity named above is familiar with and accepts the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and, if applicable, the office address of registered agent

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	
	MGR ☐ Delete		☐ Change ☐ Addition
NAME & ADDRESS	NICHOLS, JESS 517 KELLYGREEN DRIVE ORLANDO, FL 32828	NAME & ADDRESS	
	☐ Delete		☐ Change ☐ Addition
NAME & ADDRESS		NAME & ADDRESS	
	☐ Delete		☐ Change ☐ Addition
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	☐ Delete		☐ Change ☐ Addition
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	☐ Delete		☐ Change ☐ Addition
NAME & ADDRESS		NAME & ADDRESS	
	☐ Delete		☐ Change ☐ Addition
NAME & ADDRESS		NAME & ADDRESS	

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: Jess Nichols Jess Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #