

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90023 003 ****50.00

60041848



04252007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8291751** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **NICHOLSON, MICHAEL**
STREET ADDRESS **1119 CLEAR CREEK CIRCLE**
CITY-ST-ZIP **CLERMONT, FL 34714**

TITLE **MGR** ☐ Delete
NAME **DEL-GUIDICE, JACQUELINE**
STREET ADDRESS **1119 CLEAR CREEK CIRCLE**
CITY-ST-ZIP **CLERMONT, FL 34714**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **NICHOLSON INVESTMENT** ☒ Change ☒ Addition
NAME **ENTERPRISES INC.**
STREET ADDRESS **1119 CLEAR CREEK CIRCLE**
CITY-ST-ZIP **CLERMONT, FLORIDA 34714**

TITLE ☐ Change ☐ Addition
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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: **M. NICHOLSON MGRM** **04/24/07** **5139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

352-243-