FILED
May 19, 2008 8:00 am
Secretary of State
04-10-2008 90130 040 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000026326

1. Entity Name
NOLAN- SOLOWEYKO, LLC

Principal Place of Business	Mailing Address
220 SAWVIEW COURT APT 610 MARCO ISLAND, FL 34145	1104 NORHT COLLIER BLVD MARCO ISLAND, FL 34145

30006701

02192008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
220 Seaview Court	220 Seaview Ct
Suite, Apt. #, etc.: Apt. 610	Suite, Apt. #, etc.: Apt 610
City & State: Marco Island, Fl.	City & State: Marco Island, Fl.
Zip: 34145 Country: Collier	Zip: 34145 Country: Collier

4. FEI Number: 51-0630979 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREUSEL, JAMIE B 1104 NORTH COLLIER BLVD MARCO ISLAND, FL 34145	Name: Nolan, John L. Street Address (P.O. Box Number is Not Acceptable): 220 Seaview Ct. Apt 610 City: Marco Island FL Zip Code: 34145

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: John L Nolan DATE: 4/7/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOLAN, JOHN 220 SAWVIEW COURT APT 610 MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: John L Nolan Mgr. 4/7/08 239-389-0437

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