

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000049709

**Entity Name:** NIKKI VIEW DRIVE, LLC

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1139 NIKKI VIEW DR.  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

5105 N. ARMENIA  
TAMPA, FL 336031405

**New Mailing Address:**

**FEI Number:** 64-0961828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGLIANO, DENNIS S  
5105 N. ARMENIA  
TAMPA, FL 336031405 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: MR.  
Name: BOOTHBY, RENE A  
Address: 5105 N. ARMENIA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: MR.  
Name: AGLIANO, DENNIS S  
Address: 5105 N. ARMENIA AVE  
City-St-Zip: TAMPA, FL 33603

Title: MR.  
Name: RIVERA, MIGUEL A  
Address: 5105 N. ARMENIA AVE.  
City-St-Zip: TAMPA, FL 33603

I hereby 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: CARLOS VARGAS

MR.

03/15/2010

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