

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052248

FILED
Feb 03, 2009
Secretary of State

Entity Name: NICHOLSON, L.L.C.

Current Principal Place of Business:

1560 GULF BLVD
907
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 68
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number: 26-0185150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, T. STARR
1560 GULF BLVD
907
CLEARWATER, FL 33767 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: PORTER, T. STARR
Address: 1560 GULF BLVD #907
City-St-Zip: CLEARWATER, FL 33767 US

Title: MGR () Delete
Name: GERACI, SUSAN
Address: P. O. BOX 68
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: MGR () Delete
Name: LEAHEY, SHARON
Address: P. O. BOX 68
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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:

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: T. STARR PORTER

MGR

02/03/2009

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