

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000052248

Entity Name: NICHOLSON, L.L.C.

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

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

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

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

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: T. STARR PORTER

MGR

01/14/2010

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