

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 08, 2011
Secretary of State

Entity Name: NICKLAUS SIGNATURE MARKETING, LLC

Current Principal Place of Business:

11780 U.S. HIGHWAY #1, SUITE 500
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11780 U.S. HIGHWAY #1, SUITE 500
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 26-1523577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAILE, SHAW & PFAFFENBERGER, P.A.
660 U.S. HIGHWAY #1, THIRD FLOOR
NORTH PALM BEACH, FL 33408 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: P
Name: NICKLAUS, JACK W II
Address: 11780 U.S. HIGHWAY ONE, #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: EVP
Name: NICKLAUS, GARY T
Address: 11780 U.S. HIGHWAY ONE #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SVP
Name: STRINGER, PAUL T
Address: 11780 U.S. HIGHWAY ONE #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SVP
Name: ARCIOLA, MICHAEL
Address: 11780 U.S. HIGHWAY ONE #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SVP
Name: SCHNARE, JAMES L
Address: 11780 U.S. HIGHWAY ONE #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S
Name: DOTY, DONNA
Address: 11780 U.S. HIGHWAY ONE, #500
City-St-Zip: NORTH PALM BEACH, FL 33408

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: DONNA L. DOTY

S

04/08/2011

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