

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000099322

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** NOCKELS PROPERTIES OF FLORIDA LLC

**Current Principal Place of Business:**

21124 LOS CABOS COURT  
LAND O LAKES, FL 34637

**New Principal Place of Business:**

**Current Mailing Address:**

21124 LOS CABOS COURT  
LAND O LAKES, FL 34637

**New Mailing Address:**

**FEI Number:** 26-1149620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOCKELS, DANIEL A  
21124 LOS CABOS COURT  
LAND O LAKES, FL 34637 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:** MGRM  
**Name:** NOCKELS, DANIEL A  
**Address:** 21124 LOS CABOS COURT  
**City-St-Zip:** LAND O LAKES, FL 34637

**Title:** V.P.  
**Name:** NOCKELS, DEBORAH F  
**Address:** 21124 LOS CABOS COURT  
**City-St-Zip:** LAND O LAKES, FL 34637 US

**Title:** DIR  
**Name:** NOCKELS, PAUL A  
**Address:** 3 PINE RIDGE DRIVE  
**City-St-Zip:** FLAGSTAFF, AZ 86001 US

**Title:** DIR  
**Name:** NOCKELS, JENNIFER M  
**Address:** 323 STILL WATER CIRCLE  
**City-St-Zip:** BOILING SPRINGS, SC 29316 US

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:** D A NOCKELS

MGRM

01/05/2012

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