

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122499

FILED
Mar 25, 2009
Secretary of State

Entity Name: LAW OFFICE OF NICOLE M. CARLUCCI, PL

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 1803
JACKSONVILLE, FL 32216 US

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 1803
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 1804
JACKSONVILLE, FL 32216 US

New Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 1804
JACKSONVILLE, FL 32216 US

FEI Number: 35-2318220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLUCCI, NICOLE M
6817 SOUTHPOINT PARKWAY
SUITE 1803
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

CARLUCCI, NICOLE M
6817 SOUTHPOINT PARKWAY
SUITE 1804
JACKSONVILLE, FL 32216 US

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:

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARLUCCI, NICOLE M
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1803
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARLUCCI, NICOLE M
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1804
City-St-Zip: JACKSONVILLE, FL 32216 US

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: NICOLE M CARLUCCI

MGRM

03/25/2009

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