

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000038097

**Entity Name:** NICOLE R. RAMIREZ, P.L.

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

**Current Principal Place of Business:**

259 TEMPLE LANE  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

259 TEMPLE LANE  
BELLEAIR BLUFFS, FL 33770 US

**Current Mailing Address:**

259 TEMPLE LANE  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

259 TEMPLE LANE  
BELLEAIR BLUFFS, FL 33770 US

FEI Number: 26-2210089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMIREZ, NICOLE R ESQ  
259 TEMPLE LANE  
BELLEAIR BLUFFS, FL 33770 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: RAMIREZ, NICOLE R ESQ.  
Address: 259 TEMPLE LANE  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: NICOLE R. RAMIREZ, ESQ.

MGRM

04/14/2010

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