

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078797

FILED
Jun 24, 2009
Secretary of State

Entity Name: NICOLE COMPANY OF NORTHWEST FLORIDA L.L.C.

Current Principal Place of Business:

601 COUNTY ROAD 297-A
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30302
PENSACOLA, FL 325301302

New Mailing Address:

FEI Number: 27-0155565 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WATSON, LYNDIA SUE
3955 KINGSBERRY ROAD
PENSACOLA, FL 325044737 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WATSON, LYNDIA SUE
Address: 3955 KINGSBERRY ROAD
City-St-Zip: PENSACOLA, FL 325044737

Title: MGR () Delete
Name: WATSON, AMY NICOLE
Address: 3955 KINGSBERRY ROAD
City-St-Zip: PENSACOLA, FL 325044737

Title: MGR () Delete
Name: WATSON, CLIFFORD EUGEN
Address: 3955 KINGSBERRY ROAD
City-St-Zip: PENSACOLA, FL 325044737

Title: MGR () Delete
Name: WATSON, BRIEN ZACHARY
Address: 3955 KINGSBERRY ROAD
City-St-Zip: PENSACOLA, FL 325044737

Title: MGR () Delete
Name: RIDDLE, STAN
Address: 1270 BRANCH WATER LANE
City-St-Zip: BIRMINGHAM, AL 35216

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLIFFORD E. WATSON

MGR

06/24/2009

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