## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102325

Entity Name: JOHN D NELSON, LLC

Address:

City-St-Zip:

FILED Feb 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2293 SW MARTIN HWY #194 PALM CITY, FL 34990 **New Mailing Address: Current Mailing Address:** 2293 SW MARTIN HWY #194 PALM CITY, FL 34990 FEI Number: 26-3636197 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHN, NELSON 2293 ŚW MARTIN HWY, #194 PALM CITY, FL 34990 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: ADDITIONS/CHANGES: MGRM Title: (X) Change ( ) Addition () Delete JOHN, NELSON Name: Name: JOHN, NELSON Address: 2293 SW MARTIN HWY, #194 Address: 2293 SW MARTIN HWY, #194 City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 ( ) Change (X) Addition Title: Title: MGRM () Delete Name: Name: DON, WICKHAM

Address:

City-St-Zip:

2293 SW MARTIN HWY, #194

PALM CITY, FL 34990

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: JOHN NELSON MGR 02/06/2009