

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107511

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** NICKLES STRATEGY GROUP, L.L.C.

**Current Principal Place of Business:**

415 ST. FRANCIS STREET SUITE 115  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

415 ST. FRANCIS STREET SUITE 115  
TALLAHASSEE, FL 32301

**New Mailing Address:**

135 MARSH GLEN PT  
SANDY SPRINGS, GA 30328

**FEI Number:** 26-3769411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BREWSTER, JAMES R ESQ  
547 N MONROE ST SUITE 203  
TALLAHASSEE, FL 32301 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P ( ) Change (X) Addition  
Name: NICKLES, DAVID MR  
Address: 135 MARSH GLEN PT  
City-St-Zip: SANDY SPRINGS, GA 30328

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:** DAVID NICKLES

P

04/25/2009

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