

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068506

Entity Name: NICHOLSOLUTIONS, LLC

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8122 MISTY OAKS BLVD.  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

8122 MISTY OAKS BLVD.  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

NICHOLS, WILLIAM J  
8122 MISTY OAKS BLVD.  
SARASOTA, FL 34243 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: NICHOLS, WILLIAM J  
Address: 8122 MISTY OAKS BLVD.  
City-St-Zip: SARASOTA, FL 34243

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: WILLIAM J NICHOLS

MGRM

02/08/2011

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