

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073775

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** NICHOLSON & NOONAN CONSULTING, LLC

**Current Principal Place of Business:**

433 37TH ST  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

2116 31 AVE  
WEST PALM BEACH, FL 33407 US

**Current Mailing Address:**

433 37TH ST  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

433 37TH ST  
VERO BEACH, FL 32960 US

**FEI Number:** 27-0604662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICHOLSON, CONNIE S  
2116 31 AVE.  
VERO BEACH, FL 32960 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: NICHOLSON, CONNIE S  
Address: 164 MONROE ST  
City-St-Zip: MIDWAY, GA 31320 US

Title: MGRM  
Name: NICHOLSON, ABRAM J  
Address: 164 MONROE ST  
City-St-Zip: MIDWAY, GA 31320 US

Title: MGRM  
Name: NOONAN, KIRK W  
Address: 2116 31ST ST  
City-St-Zip: VERO BEACH, FL 32960 US

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:** CONNIE NICHOLSON

MGRM

01/03/2011

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