

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000077236

Entity Name: NICESMART LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

378 NORTH LAKE BLVD  
# 270  
NORTH PALM BEACH, 33408

**New Principal Place of Business:**

4131 SW 47TH AVE  
# 1404  
DAVIE, FL 33314

**Current Mailing Address:**

378 NORTH LAKE BLVD  
# 270  
NORTH PALM BEACH, 33408

**New Mailing Address:**

4131 SW 47TH AVE  
# 1404  
DAVIE, FL 33314

FEI Number: 27-0551835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NELSON, ROBERT  
378 NORTH LAKE BLVD.  
#270  
NORTH PALM BEACH, FL 33408 US

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

BOYCE, GORDON  
4131 SW 47TH AVE #1404  
DAVIE, FL 33314 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: GORDON BOYCE

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PULSE MEDICAL INC  
Address: 4131 SW 47TH AVE #1404  
City-St-Zip: DAVIE, FL 33314

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: PULSE MEDICAL INC

MGRM

04/29/2010

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