

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000037475

Entity Name: NOLOT, LLC

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

205 POWERVIEW DRIVE  
4310  
SAINT AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

205 POWERVIEW DRIVE  
NO. 4310  
SAINT AUGUSTINE, FL 32092

**New Mailing Address:**

205 POWERVIEW DRIVE  
4310  
SAINT AUGUSTINE, FL 32092

FEI Number: 45-2173879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOTCHER, NOLAN H  
205 POWERVIEW DRIVE  
NO. 4310  
SAINT AUGUSTINE, FL 32092 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: GOTCHER, NOLAN H  
Address: 205 POWERVIEW DRIVE, NO. 4310  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM  
Name: GOTCHER, LOTTIE J  
Address: 205 POWERVIEW DRIVE, NO. 4310  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: NOLAN H. GOTCHER

MGRM

02/10/2012

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