

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000126348

Entity Name: KRISTEN NELSON LLC

**FILED**  
**May 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

302 FLAGLER AVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

4577 WOODCOVE DR  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 45-3748904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NELSON, KRISTEN  
4577 WOODCOVE DR  
PORT ORANGE, FL 32127 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: NELSON, KRISTEN  
Address: 4577 WOODCOVE DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR  
Name: NELSON, JAMIE  
Address: 6420 RIVER ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: KRISTEN NELSON

MS

05/03/2012

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