2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M03000003806

1. Entity Name
NICHOLAS & DAVID FANO, LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071	1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

01072007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
22-3332266	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SWIFT, NICOLE
C/O SWIFF MGMT
1750 UNIVERSITY DR. #205
POMPANO BEACH, FL 33071

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE
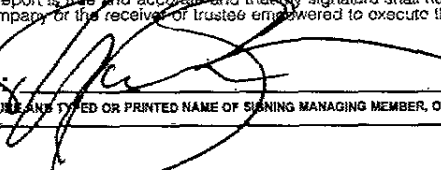
Filing Fee is $50.00
Due by May 1, 2007

U00000620820
02/09/07-80051-021 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FANO, NICHOLA
STREET ADDRESS	6 NATHAN DRIVE
CITY-ST-ZIP	TOWACO, NJ 07062

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #