**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 25, 2017**
**Secretary of State**
**CC0438761734**

DOCUMENT# L09000105585

**Entity Name:** NIGHTINGAYLE, LLC

**Current Principal Place of Business:**

57 BLACK BEAR LANE
PALM COAST, FL 32137

**Current Mailing Address:**

P.O. BOX 448
FLAGLER BEACH, FL 32136 US

**FEI Number: 27-1227825**

**Certificate of Status Desired:** No

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

COLLINS, J. RUSSELL
2493 US HIGHWAY 1 SOUTH
SAINT AUGUSTINE, FL 32086 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:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGRM |
| Name | MOSS, GAYLE M |
| Address | P.O. BOX 448 |
| City-State-Zip: | FLAGLER BEACH FL 32136 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: GAYLE M. MOSS MGRM 04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date