

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000158821

**Entity Name:** NOK LLC

**Current Principal Place of Business:**

3825 HENDERSON BLVD SUITE 100  
TAMPA, FL 33629

**Current Mailing Address:**

PO BOX 18404  
TAMPA, FL 33679-8404

**FEI Number:** 46-1600249

**Certificate of Status Desired:** No

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

JUDITH CORNELIUS COLE CPA PA  
6707 N HIMES AVENUE  
TAMPA, FL 33614 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 VANOVER, SCOTT P  
Address 11717 PHOENIX CIRCLE  
City-State-Zip: TAMPA FL 33618

Title MGRM  
Name JACOBSON, DAVID  
Address 3825 HENDERSON BLVD SUITE 100  
City-State-Zip: TAMPA FL 33629

*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:** DAVID JACOBSON

MGRM

04/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date