

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000073861

**Entity Name:** NLC INSTORE, LLC**Current Principal Place of Business:**11380 LINDBERGH BOULEVARD  
FORT MYERS, FL 33913**Current Mailing Address:**11380 LINDBERGH BOULEVARD  
FORT MYERS, FL 33913 US**FEI Number:** 82-5448132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HF REGISTERED AGENTS, LLC  
1715 MONROE STREET  
FORT MYERS, FL 33901 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:** ERIN E. HOUCK-TOLL, VICE PRESIDENT

04/16/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER, PRESIDENT  
Name LOVE, NORMAN R  
Address 11380 LINDBERGH BOULEVARD  
City-State-Zip: FORT MYERS FL 33913

Title MANAGER  
Name SOULE, TRAVIS  
Address 11380 LINDBERGH BOULEVARD  
City-State-Zip: FORT MYERS FL 33913

Title VICE PRESIDENT, ASSISTANT SECRETARY  
Name JACOB, NOAH  
Address 11380 LINDBERGH BOULEVARD  
City-State-Zip: FORT MYERS FL 33913

Title MANAGER, VICE PRESIDENT, SECRETARY  
Name JACOB, ADAM  
Address 11380 LINDBERGH BOULEVARD  
City-State-Zip: FORT MYERS FL 33913

Title VICE PRESIDENT, ASSISTANT SECRETARY  
Name JACOB, ARNOLD  
Address 11380 LINDBERGH BOULEVARD  
City-State-Zip: FORT MYERS FL 33913

*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:** NORMAN R LOVE

MANAGER

04/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date