

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000066960

**Entity Name:** NICHOLAS MICKELSON, LLC

**Current Principal Place of Business:**

8805 RUSTIC TRAIL CT  
TAMPA, FL 33635

**Current Mailing Address:**

8805 RUSTIC TRAIL CT  
TAMPA, FL 33635

**FEI Number: 83-4005124**

**Certificate of Status Desired: No**

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

MICKELSON, NICHOLAS  
8805 RUSTIC TRAIL CT  
TAMPA, FL 33635 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	MGR	Title	MGR
Name	MICKELSON, NICHOLAS	Name	MICKELSON, MAISA
Address	8805 RUSTIC TRAIL CT	Address	8805 RUSTIC TRAIL CT
City-State-Zip:	TAMPA FL 33635	City-State-Zip:	TAMPA FL 33635

*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: MAISA MICKELSON**

**MANAGER**

**02/13/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date