#### DOCUMENT# M20000010530

#### Entity Name: NELSON GROUP, LLC

## **Current Principal Place of Business:**

1538 310 AVE ROTHSAY, MN 56579

#### **Current Mailing Address:**

1538 310 AVE ROTHSAY, MN 56579 US

## FEI Number: 37-1989166

## Name and Address of Current Registered Agent:

L&L PARA, LTD. CO. 27911 CROWN LAKE BOULEVARD SUITE 209 BONITA SPRINGS, FL 34135 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.

RICHARD D. LYONS, MANAGER			11/04/2021
Electronic Signature of Registered Agent			Date
erson(s) Detail :			
MGR	Title	MBRP	
NELSON, MICHAEL	Name	NELSON, MICHAEL	
1538 310 AVE	Address	1538 310 AVE	
ROTHSAY MN 56579	City-State-Zip:	ROTHSAY MN 56579	
MBRS	Title	MBRV	
NELSON, COLE	Name	NELSON, CHERYL	
1538 310 AVE	Address	1538 310 AVE	
ROTHSAY MN 56579	City-State-Zip:	ROTHSAY MN 56579	
MBRT			
HERZ, KRYSTLE			
1538 310 AVE			
ROTHSAY MN 56579			
	Electronic Signature of Registered Agent erson(s) Detail : MGR NELSON, MICHAEL 1538 310 AVE ROTHSAY MN 56579 MBRS NELSON, COLE 1538 310 AVE ROTHSAY MN 56579 MBRT HERZ, KRYSTLE 1538 310 AVE	Electronic Signature of Registered Agent erson(s) Detail : MGR Title NELSON, MICHAEL Name 1538 310 AVE Address ROTHSAY MN 56579 City-State-Zip: MBRS Title NELSON, COLE Name 1538 310 AVE Address ROTHSAY MN 56579 City-State-Zip: MBRT HERZ, KRYSTLE 1538 310 AVE	Electronic Signature of Registered Agent erson(s) Detail : MGR Title MBRP NELSON, MICHAEL Name NELSON, MICHAEL 1538 310 AVE Address 1538 310 AVE ROTHSAY MN 56579 City-State-Zip: ROTHSAY MN 56579 MBRS Title MBRV NELSON, COLE Name NELSON, CHERYL 1538 310 AVE Address 1538 310 AVE ROTHSAY MN 56579 City-State-Zip: ROTHSAY MN 56579 MBRT HERZ, KRYSTLE 1538 310 AVE

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: MICHAEL NELSON

MANAGER

11/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Nov 04, 2021 Secretary of State 1763203122CR

Certificate of Status Desired: No