


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90051 011 ***138.75

DOCUMENT # L04000042589	
1. Entity Name 10565 NORMANDY BLVD, LLC	

Principal Place of Business <i>257</i> 239 JONES ROAD JACKSONVILLE, FL 32220	Mailing Address 905 Park Ave 239 JONES ROAD JACKSONVILLE, FL 32220 Suite 102 Orange Park Fl 32073
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07082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1570973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

257 KITTRELL, JIMMY B
239 JONES ROAD
JACKSONVILLE, FL 32220

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 7/15/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KITTRELL, JIMMY B <i>257</i> 209 JONES ROAD JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRIFFIN, GALYNNA <i>257</i> JONES RD JAX FL 32220
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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *J.B. Kittrell* Date 7/15/08 904 7869120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #