

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042589

Entity Name: 10565 NORMANDY BLVD, LLC

FILED
Jan 11, 2009
Secretary of State

Current Principal Place of Business:

257 JONES ROAD
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

905 PARK AVE
SUITE 102
ORANGE PARK, FL 32073

New Mailing Address:

257 JONES ROAD
JACKSONVILLE, FL 32220

FEI Number: 20-1570973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MCCORVEY, JOHN H JR
1912 HAMILTON STREET
SUITE 204
JACKSONVILLE, FL 32210 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: JOHN H. MCCORVEY, JR.

01/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KITTRELL, JIMMY B
Address: 257 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: S () Delete
Name: GRIFFIN, GALYNNA
Address: 257 JONES RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DPM (X) Change () Addition
Name: KITTRELL, JIMMY B
Address: 257 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: SV (X) Change () Addition
Name: GRIFFIN, GALYNNA
Address: 257 JONES RD
City-St-Zip: JACKSONVILLE, FL 32220

Title: AS () Change (X) Addition
Name: KIRKLAND, ALICE E
Address: 257 JONES RD
City-St-Zip: JACKSONVILLE, FL 32220

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JIMMY B. KITTRELL

DPM

01/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date