

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020919

Entity Name: NORBROOK LLC

FILED
May 12, 2008
Secretary of State

Current Principal Place of Business:

10913 NW 30 ST #100
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

10913 NW 30 ST #100
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 51-0422725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CRICHTONMULLINGS & ASSOCIATES P.A.
1152 N. UNIVERSITY DRIVE
SUITE 301
PEMBROKE PINES, FL 33024 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

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: DELEON, MATTHEW
Address: 10913 NW 30 ST #100
City-St-Zip: MIAMI, FL 33172 US

Title: P () Delete
Name: DELEON, TREVOR
Address: 10913 NW 30 ST #100
City-St-Zip: MIAMI, FL 33172 US

Title: FC () Delete
Name: DELEON, HELENA
Address: 10913 NW 30 ST #100
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TREVOR DELEON

P

05/12/2008

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