

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000107779

Entity Name: LAY, NORMAN, MCCONNELL AND URSITTI, LLC**Current Principal Place of Business:**3593 SOUTH ROOSEVELT BLVD
KEY WEST, FL 33040**Current Mailing Address:**3593 SOUTH ROOSEVELT BLVD
KEY WEST, FL 33040**FEI Number: 27-1282472****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LAY, WILLIAM
3593 S ROOSEVELT BLVD
KEY WEST, FL 33040 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 MGRM
Name LAY, WILLIAM
Address 3593 S ROOSEVELT BLVD
City-State-Zip: KEY WEST FL 33040

Title MGRM
Name NORMAN, NICK
Address 1420 VON PHISTER STREET
City-State-Zip: KEY WEST FL 33040

Title MGRM
Name MCCONNELL, MICHAEL S
Address 10511 BARNSTABLE CT.
City-State-Zip: SPRING TX 77379

Title MGRM
Name URSITTI, DOMINIC A
Address 617 MICKENS LANE
City-State-Zip: KEY WEST FL 33040

Title MGRM
Name LOCKWOOD, DARIN
Address 809 EATON STREET
City-State-Zip: KEY WEST FL 33040

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: DOMINIC A URSITTI**MGRM****02/26/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date