

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000107779

**Entity Name:** LAY, NORMAN, MCCONNELL AND URSITTI, LLC

**FILED**  
**Feb 27, 2017**  
**Secretary of State**  
**CC2528492901**

**Current Principal Place of Business:**

211C DUVAL STREET  
C/O IRISH KEVIN'S BAR  
KEY WEST, FL 33040

**Current Mailing Address:**

211C DUVAL STREET  
C/O IRISH KEVIN'S BAR  
KEY WEST, FL 33040 US

**FEI Number:** 27-1282472

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAY, WILLIAM  
211C DUVAL STREET  
C/O IRISH KEVIN'S BAR  
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**

**02/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date