

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000048494

Entity Name: NARVERUD FAMILY HOLDINGS, LLC

Current Principal Place of Business:

10389 WOODLAND WATERS BLVD
WEEKI WACHEE, FL 34613

Current Mailing Address:

10389 WOODLAND WATERS BLVD
WEEKI WACHEE, FL 34613 US

FEI Number: 45-5005299

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NARVERUD, ELIZABETH A
10389 WOODLAND WATERS BLVD
WEEKI WACHEE, FL 34613 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 NARVERUD, ELIZABETH A
Address 10389 WOODLAND WATERS BLVD
City-State-Zip: WEEKI WACHEE FL 34613

Title MGRM
Name NARVERUD, MARTIN P
Address 10389 WOODLAND WATERS BLVD
City-State-Zip: WEEKI WACHEE FL 34613

Title MGR
Name THE MARTIN P NARVERUD TRUST
Address 10389 WOODLAND WATERS BLVD
City-State-Zip: WEEKI WACHEE FL 34613

Title MGR
Name THE ELIZABETH A KIRSHY-
NARVERUD TRUST
Address 10389 WOODLAND WATERS BLVD
City-State-Zip: WEEKI WACHEE FL 34613

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: ELIZABETH K NARVERUD

MANAGER

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date