

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000007526

**Entity Name:** 3482 NORWICK ST., LLC

**Current Principal Place of Business:**

157 ISLAND VIEW CT.  
HOMER, AK 99603

**Current Mailing Address:**

157 ISLAND VIEW CT.  
HOMER, AK 99603 US

**FEI Number:** 81-1592336

**Certificate of Status Desired:** No

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

CLARK, CYNTHIA M ESQ.  
2801 FRUITVILLE RD.  
SUITE 220  
SARASOTA, FL 34237 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           MANAGER, TREASURER  
Name           CLOYD, FRANK Y  
Address        157 ISLAND VIEW CT.  
City-State-Zip: HOMER AK 99603

Title           SECRETARY  
Name           BENSON, LAURIE A  
Address        157 ISLAND VIEW CT.  
City-State-Zip: HOMER AK 99603

Title           AUTHORIZED MEMBER  
Name           CLOYD AND BENSON LIVING TRUST  
                  DTD 12/23/2015  
Address        157 ISLAND VIEW CT.  
City-State-Zip: HOMER AK 99603

*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:** FRANK YANKEY CLOYD

**MANAGER, TREASURER    01/02/2018**

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

\_\_\_\_\_  
Date