

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000042581

**Entity Name:** NORMA'S NEW BEGINNING LLC

**Current Principal Place of Business:**

19 HARBOUR ISLE DRIVE W  
PH04  
FORT PIERCE , FL 34949

**Current Mailing Address:**

11355 SW ROCKINGHAM DRIVE  
PORT ST LUCIE, FL 34987 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ADVANCED ACCOUNTING & TAX OPTIONS LLC  
6685 FOREST HILL BLVD  
SUITE 211  
GREENACRES, FL 33413 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            AMBR  
Name            ACOSTA, NORMA  
Address        11355 SW ROCKINGHAM DRIVE  
City-State-Zip: PORT ST LUCIE FL 34987

*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:** NORMA ACOSTA

AMBR

03/15/2024

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

\_\_\_\_\_  
Date