

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000296505

Entity Name: NOREN MULTISERVICES LLC**Current Principal Place of Business:**12397 WESTHAMPTON CIR
WELLINGTON, FL 33414**Current Mailing Address:**12397 WESTHAMPTON CIR
WELLINGTON, FL 33414 US**FEI Number:** 85-1161213**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSALES, NOREN
12397 WESTHAMPTON CIR
WELLINGTON, FL 33414 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	MGR
Name	ROSALES, NOREN
Address	12397 WESTHAMPTON CIR
City-State-Zip:	WELLINGTON FL 33414

Title	AR
Name	REYNOSO, LADY
Address	12397 WESTHAMPTON CIR
City-State-Zip:	WELLINGTON FL 33414

Title	MR
Name	MONCADA , CHRISTOPHER
Address	12397 WESTHAMPTON CIR
City-State-Zip:	WELLINGTON FL 33414

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: CHRISTOPHER MONCADA

MEMBER

03/30/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date