

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 16, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L00000002328**

1. Entity Name  
NORCROSS PROFESSIONAL CENTER, L.L.C.



Principal Place of Business  
2420 JENKS AVE., UNIT 6  
PANAMA CITY, FL 32405

Mailing Address  
2420 JENKS AVE., UNIT 6  
PANAMA CITY, FL 32405



02172007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3638089

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

BRUDNICKI, GREG  
2403 HARRISON AVENUE  
PANAMA CITY, FL 32405

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*same*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BRUDNICKI, GREG M  
2403 HARRISON AVENUE  
PANAMA CITY, FL 32405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000669174  
03/27/07-80060-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

*S m Bluh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/15/07

Date

850-596-2039

Daytime Phone #