2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000002328

1. Entity Name

NORCROSS PROFESSIONAL CENTER, L.L.C.



FILED Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90004 022 ****50.00

Principal Place of Business 2420 JENKS AVE UNIT 6 PANAMA CITY FL 32405			Mailing Address 2420 JENKS AVE UNIT 6 PANAMA CITY FL 32405				111 011 001 1 0011 0011 0011 0011		. HI nna (134 9 (11	191 (B)) 1 1 31	
2. Principal Place of Business			3. Mailing Address			-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
——City & State			City & State		4. FEI Number 59-3638089 Applied F. Not Applied			plied For t Applicable			
Zip Country			Zip	Zip Count		5. Certificat	F	Fee Required			
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent					1
BRUDNICKI, GREG 2403 HARRISON AVENUE PANAMA CITY FL 32405				•		Name Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	3	
	named entitions of regis		r the purpose of changing it	ts register	ed office or regist	ered agent, or b	oth, in the State of Flor	rida. I am fa	miliar with,	and accept	
SIGNATURE _	~	or printed name of registered agent a	- James if anakanhin Mic	TE: Decistors	d Agent signature requir	rad when minetating)		DATE			
•			Make Check Payal	ble to Fl ue By M	FEE IS \$50.00 orida Departm ay 1, 2003	i	. ADDITIONS	OHANOES.			
9.	HARM	MANAGING MEMBE		10.			ADDITIONS/				নি
NAME STREET ADDRESS CITY-ST-ZIP	2403 HA	CKI, GREG M RRISON AVENUE CITY FL 32405	☐ Delete		_		•		☐ Change	Addition	CR2E083 (10/02)
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indicated	on this reno	irt is true and accurate and	this filing does not qualify f that my signature shall have empowered to execute this	e the sam	e legal effect as if	l made under oa	th: that I am a manao	further certi ing member	fy that the it or manage	nformation of the	<u> </u>