2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LOCOCO



FILED Mar 12, 2003 8:00 am Secretary of State

I. Entity N	OR'S EDGE LLC	SEA.			03-12-2003 90009 043 ****50.00				
Principal Place of Business 201 S. ORANGE AVENUE. SUITE 200 ORLANDO FL 32801		Mailing Address			-				
		•	201 S. ORANGE AVENUE, SUITE 200						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suito Ant # ata	Suite, Apt. #, etc.		I TORRINGUE BYL BREAK BREAK BREAK BREAK BREAK BREAK BREAK THORY THERE THE THORY THE THE TREAT HERE I HERE THE THE THE THE TREAT HERE THE THE THE THE THE THE THE THE THE TH				
City & Co.		ounte, Apt. #, etc.	Suite, Apr. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Nur	nber 59-3679575		Applied For	_
Zip Country		Zip	Zip Country		5. Certifica	ate of Status Desired	\$5.00 A	Not Applicat	le
	6. Name and Address of Curi	rent Registered Agent				_	Fee Requi	ired	
KΔ	LTBAUM, GARY		Na	ame	7. Name a	nd Address of New Registere	ed Agent		_
201	I S. Orange avenue, suite 2 Lando fl 32801	00	Street Address (F		P.O. Box Number is Not Acceptable)				_
									_
			Cit	•	<u> </u>		Zip Co		
8. The above the obligation	re named entity submits this statemen ations of registered agent.	nt for the purpose of changing it	s registered offi	ice or registere	d agent, or b	Oth, in the State of Florida I a	m familiar with		_
SIGNATURE					• , •	and a second of the second of	m taminar will	і, апа ассер	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	TE: Renistered Agent	signature required w	then reinstation)				ļ
*****			OW!!! FEE-			DATE	·		4
		Make Check Payab	le to Florida	Department	of State	ian and and a second a second and a second 			1
9.	<u></u>	C D0	e By May 1,	2003		•			
TITLE (MANAGING MEM	BERS/MANAGERS	TO:			ADDITIONS/CHANGE			\dashv
NAME	KALTBAUM, GARY	☐ Delete	TITLE NAME				☐ Change	☐ Addition	7
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered to execute his report as required by Chapter 608, Florida Statutes.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE