

2002 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-16-2002 90260 049 ****50.00

DOCUMENT # L00000015794

1. Entity Name

ROBERT NORMAN GROUP, L.L.C.

Principal Place of Business

285 S. GULF DRIVE
SANTA ROSA BEACH FL 32459

Mailing Address

285 S. GULF DRIVE
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

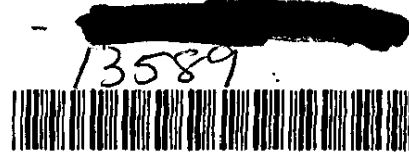
65 SUGAR SAND LN.

Suite, Apt. #, etc.

3. Mailing Address

65 SUGAR SAND LN.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

59-3720409

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOIN, TYLER
285 S. GULF DRIVE
SANTA ROSA BEACH FL 32459

PHILIP N. SPANN
65 SUGAR SAND LN.
SANTA ROSA BEACH FL
32459

7. Name and Address of New Registered Agent

Name **PHILIP N. SPANN**
Street Address (P.O. Box Number is Not Acceptable)
65 SUGAR SAND LN.
SANTA ROSA BEACH, FL
City **FL** Zip Code **32459**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOIN, TYLER 285 S. GULF DRIVE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPANN, PHILLIP N 675 EDEN DRIVE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

1/14/02

850-231-9066

Daytime Phone #

CR2E083 (9/01)