

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90212 016 ****50.00

DOCUMENT # L01000002265

1. Entity Name

NORD FAMILY ASSOCIATES, L.L.C.



Principal Place of Business

308 SOMBRERO BEACH RD.

2 MARATHON FL 33050

Mailing Address

308 SOMBRERO BEACH RD.

2 MARATHON FL 33050

24010104



MOORE

CR2E083 (11/03)

2. Principal Place of Business

2099 SOMBRERO BLVD.

Suite, Apt. #, etc.

3. Mailing Address

2099 SOMBRERO BLVD.

Suite, Apt. #, etc.

City & State

MARATHON, FLORIDA

Zip

33050

Country

City & State

MARATHON, FLORIDA

Zip

33050

Country

4. FEI Number

65-1076828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

John W. Nord

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-06-04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **NORD, JOHN W**
STREET ADDRESS **308 SOMBRERO BEACH RD., #2**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **NORD, JOHN W.**
STREET ADDRESS **2099 SOMBRERO BLVD.**
CITY-ST-ZIP **MARATHON, FL. 33050**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John W. Nord

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

02-06-04

Date

305-743-5641

Daytime Phone #