

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000006075

1. Entity Name
NORKEN, L.L.C.



FILED

04 MAY 18 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4520 FOURTH AVENUE EAST
BRADENTON, FL 34208

Mailing Address
4520 FOURTH AVENUE EAST
BRADENTON, FL 34208

2. Principal Place of Business
3890 EAST STATE RD 64
Suite, Apt. #, etc.
SUITE 101

3. Mailing Address
3890 EAST STATE RD 64
Suite, Apt. #, etc.
SUITE 101

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip
34208

Country
USA

Zip
34208

Country
USA

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0865670

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEATING, KENNETH D
4520 FOURTH AVENUE EAST
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name

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

3890 EAST STATE RD 64 SUITE 101
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

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

KENNETH D. KEATING

(NOTE: Registered Agent signature required when reinstating)

4/27/04

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KEATING, KENNETH D
STREET ADDRESS 4520 4TH AVE E
CITY-ST-ZIP BRADENTON, FL 34208

TITLE MGRM ☐ Delete
NAME WORTHINGTON, NORMAN A
STREET ADDRESS 4520 4TH AVE E
CITY-ST-ZIP BRADENTON, FL 34208

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 3890 EAST STATE RD 64
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3890 EAST STATE RD 64
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800036528688
CITY-ST-ZIP 05/18/04--01006--002 **350.00

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

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

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:

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

KENNETH D. KEATING

Date

Daytime Phone #

4/27/04 941-748-1622