

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000013602

Entity Name: PATRICIA NORMAN, LLC

**FILED**  
**Sep 21, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

336 ST. AUGUSTINE AVENUE  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

336 ST. AUGUSTINE AVE  
TAMPA, FL 33617

**New Mailing Address:**

401 NE MIZNER BLVD.  
SUITE T - 722  
BOCA RATON, FL 33432

FEI Number: 22-3821159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NORMAN, PATRICIA A  
336 ST. AUGUSTINE AVENUE  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

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: PATRICIA A. NORMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NORMAN, PATRICIA A  
Address: 336 ST. AUGUSTINE AVENUE  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICIA A. NORMAN

MGRM

09/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date