

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90182 050 ****50.00

DOCUMENT # L0200015193

1. Entity Name

NORAM, LLC



DO NOT WRITE IN THIS SPACE

24049429

2. Principal Place of Business

875 Concourse Parkway S

3. Mailing Address

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Maitland, FL

City & State

4. FEI Number

11-3689007

Applied For

Not Applicable

Zip

32751

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas R. Burns, Esq.

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

875 Concourse Parkway S, Suite 150

City

Maitland

FL

Zip Code

32751

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

3/29/04

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager

NG Services, LLC

875 Concourse Parkway S, Suite 150

Maitland, FL 32751

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager

Ginsburg, Alan H.

875 Concourse Parkway S, Suite 150

Maitland, FL 32751

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

CR2E083B (12/02)