

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000015287

1. Entity Name
NORRIEGO DEVELOPMENT, LLC



Principal Place of Business

**TEN PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561 US**

Mailing Address

**TEN PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561 US**



03172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3645624

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, JAMES S
501 COMMENDENCIA STREET
PENSACOLA, FL 32502**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
LEVIN, ALLEN R
TEN PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
RINKE, ROBERT
TEN PORTOFINO DRIVE
PENSACOLA BEACH, FL 32561**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000541015
05/10/06-80038-023 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Allen R. Levin 4/27/06

850-916-5050