

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90300 001 ***150.00

DOCUMENT # L02000015287

1. Entity Name

NORRIEGO DEVELOPMENT, LLC



Principal Place of Business

**2200 VIA DE LUNA
PENSACOLA BEACH FL 32567**

Mailing Address

**2200 VIA DE LUNA
PENSACOLA BEACH FL 32567**

2. Principal Place of Business

Ten Portofino Drive

3. Mailing Address

Ten Portofino Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola Beach, FL

City & State

Pensacola Beach, FL

4. FEI Number

11-3645624

Applied For

Not Applicable

Zip

32561

Country

USA

Zip

32561

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BEGGS & LANE, A REGISTERED LIMITED
LIABILITY PARTNERSHIP
501 COMENDENCIA STREET
PENSACOLA FL 32501**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Allen R. Levin
2200 Via De Luna
Pensacola Beach, Florida 32561**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Ten Portofino Drive
Pensacola Beach, FL 32561**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

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

Date

Daytime Phone #

4/23/03

CR2E083 (10/02)

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