

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90051 027 ****50.00

DOCUMENT # L03000039113

1. Entity Name

NORAM FUEL NA, LLC



DO NOT WRITE IN THIS SPACE

24054324

2. Principal Place of Business

875 Concourse Parkway

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

US

Zip

32751

Country

US

4. FEI Number

20-0298830

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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

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

DATE

Thomas R. Burns

3/16/04

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

MGR
NORAM, LLC
875 Concourse Parkway S, Suite 150
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR

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**DO NOT WRITE
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 of the record or that I am authorized 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 #

By: Noram, LLC, TB mgr
By: Nor Services, LLC, TB mgr
Alan H. Ginsburg, MGR

3/17/04

CR2E083B (12/02)