

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

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90029 037 \*\*\*\*50.00

DOCUMENT # L03000049004

1. Entity Name

NORAM-YREKA, LLC



**DO NOT WRITE IN THIS SPACE**

**24039914**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

875 Concourse Parkway

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 150

City & State

City & State

Maitland, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

32751

US

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**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.

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

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.

By: *NORAM, LLC, its MGR*  
By: *NG Services, LLC, its MGR*

SIGNATURE:

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

Date

Daytime Phone #

*3/17/04*

CR2E083B (12/02)