

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90018 049 \*\*\*\*\*50.00

DOCUMENT # L04000011807

1. Entity Name

NORTON INTERIORS LLC



Principal Place of Business

151 BURKES LANE  
TALLAHASSEE FL

Mailing Address

151 BURKES LANE  
TALLAHASSEE FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4740 LaSalle Blvd.

Suite, Apt. #, etc.

4740 LaSalle Blvd.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32303

Country

Zip

32303

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NORTON, LEON  
151 BURKE LANE  
TALLAHASSEE FL

7. Name and Address of New Registered Agent

Name

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

4740 LaSalle Blvd.

City

Tallahassee

FL

Zip Code

32303

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

Leon Norton 5-1-06

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
NORTON, LEON  
151 BURKES LANE  
TALLAHASSEE FL ☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Leon Norton

5-01-06 850-228-16709

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

Date

Daytime Phone #