

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90065 001 *****5.00
05-09-2007 90065 002 *****50.00

DOCUMENT # L04000011807

1. Entity Name

NORTON INTERIORS LLC



Principal Place of Business

4740 LASALLE BLVD
TALLAHASSEE FL 32303

Mailing Address

4740 LASALLE BLVD
TALLAHASSEE FL 32303

2. Principal Place of Business - No P.O. Box #

533 Ravensview Dr.

Suite, Apt. #, etc.

3. Mailing Address

533 Ravensview Dr.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip
32310

Country

Leon

City & State

Tallahassee, Florida

Zip

32310

Country

Leon

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name
Norton Leon

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

533 Ravensview Dr.

City
Tallahassee

FL

Zip Code

32310

6. Name and Address of Current Registered Agent

**NORTON, LEON
4740 LASALLE BLVD
Y
TALLAHASSEE FL 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

FILE NOW!!! FEE IS \$50.00 45⁰⁰
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
NORTON, LEON
151 BURKES LANE
TALLAHASSEE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
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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 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:

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

Date

Daytime Phone #