


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000026948		
1. Entity Name NORMAN WAXMAN, LLC		
Principal Place of Business 7855 WOODSMUIR DRIVE WEST PALM BEACH, FL 33412	Mailing Address 7855 WOODSMUIR DRIVE WEST PALM BEACH, FL 33412	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUCHBINDER & ELEGANT, P.A. 46 S.W. FIRST STREET, 4TH FLOOR MIAMI, FL 33130-1610		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WAXMAN, NORMAN 7855 WOODSMUIR DRIVE WEST PALM BEACH, FL 33412	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Norman Waxman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1-20-06</u> Daytime Phone # <u>561-626-4040</u>



01162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0951559

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U000000404451
02/06/06-80047-014 50.00