

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000074248

Entity Name: NORVILLE ATHERLEY LLC

**FILED**  
**Apr 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 825512  
PEMBROKE PINES, FL 33082

**New Principal Place of Business:**

16275 MARIPOSA CIRCLE NORTH  
PEMBROKE PINES, FL 33331

**Current Mailing Address:**

PO BOX 825512  
PEMBROKE PINES, FL 33082

**New Mailing Address:**

FEI Number: 20-1752094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATHERLEY, NORVILLE  
16275 MARIPOSA CIRCLE NORTH  
PEMBROKE PINES, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ATHERLEY, NORVILLE  
Address: PO BOX 825512  
City-St-Zip: PEMBROKE PINES, FL 33082

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NORVILLE ATHERLEY

M

04/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date