

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90222 012 ****50.00

DOCUMENT # L04000081678

1. Entity Name
NORMANDEAL HOLDINGS, LLC.



Principal Place of Business
**404 NORTH DELAWARE BLVD.
JUPITER, FL 33458 US**

Mailing Address
**404 N. DELAWARE BLVD.
JUPITER, FL 33458 US**

20020583



2. Principal Place of Business 15074 Park of Commerce Blvd		3. Mailing Address 15074 Park of Commerce Blvd.	
Suite, Apt. #, etc. #14		Suite, Apt. #, etc. #14	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33478	Country USA	Zip 33478	Country USA

03152006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1870528

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WHITE, CHARLES R. L.
725 N. A1A
SUITE C-110
JUPITER, FL 33477**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORMANDEAL, STEVEN J 404 NORTH DELAWARE BLVD. JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15074 Park of Commerce Blvd. Suite #14 Jupiter, FL 33478 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven J. Normandale **03/15/06** **861-776-6229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #