

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-22-2006 90108 040 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000000281 1. Entity Name STORMIN NORMIN'S CERTIFIED LIFT SERVICE & INSTALL LLC					
Principal Place of Business 2120 W. CHURCH ST. ORLANDO FL 32805 US			Mailing Address 2120 W. CHURCH ST. ORLANDO FL 32805 US		
2. Principal Place of Business 2120 W. CHURCH ST. Suite, Apt. #, etc.		3. Mailing Address 2120 W. CHURCH ST. Suite, Apt. #, etc.			
City & State ORLANDO, FL.		City & State ORLANDO, FL.		4. FEI Number 20-2109202	
Zip 32805		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOURNIER, NORMAN W JR. 4880 THOMPSON RD. ST. CLOUD FL 34772				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	OWNER - PRESIDENT NORMAN W. FOURNIER JR. 4880 THOMPSON RD ST. CLOUD, FL. 34772 <input type="checkbox"/> Change <input checked="" 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 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:			2/6/06 (407) 839-3737		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Chapter Phone #</small>		



ATTACHMENT

30002453

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

STORMIN NORMIN'S CERTIFIED LIFT SERVICE & INSTALL LLC
2120 W. CHURCH ST.
ORLANDO, FL 32805 US

Subject: STORMIN NORMIN'S CERTIFIED LIFT SERVICE & INSTALL LLC

Reference Number: L05000000281

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION

Corrections made Box 4 + Box 10
Thank you