


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**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
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2109202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FOURNIER, NORMAN W JR.  
 4880 THOMPSON RD.  
 ST. CLOUD, FL 34772

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

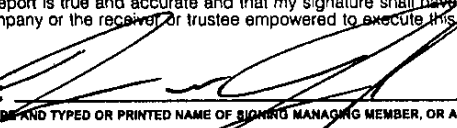
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOURNIER, NORMAN W JR 4880 THOMPSON RD SAINT CLOUD, FL 34772
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**DO NOT WRITE IN THIS SPACE**

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:**  **1/15/07** **(407) 839-3737**  
Signature and typed or printed name of signing managing member, or authorized representative Date Daytime Phone #