

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-13-2008 90270 003 ***138.75
L05000000281

DOCUMENT # L05000000281
1. Entity Name
STORMIN NORMIN'S CERTIFIED LIFT SERVICE & INSTALL LLC
NORMAN'S AUTOMOTIVE EQUIPMENT REPAIR LLC



Principal Place of Business
2120 W. CHURCH ST.
ORLANDO, FL 32805 US

Mailing Address
2120 W. CHURCH ST.
ORLANDO, FL 32805 US

FILED
08 APR 10 AM 10:08
SECRETARY OF STATE
TALLAHASSEE 60014548



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01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-2109202

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FOURNIER, NORMAN W JR
4880 THOMPSON RD.
ST. CLOUD, FL 34772

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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)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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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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: *[Signature]* 3/3/08 (407) 839-3715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #