2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

8,

DOCUMENT # L06000009834

1. Entity Name
THE NORWOOD AGENCY, LLC

30012452

Principal Place of Business	Mailing Address
6725 CLAIR SHORE DRIVE APOLLO BEACH, FL 33572	6725 CLAIR SHORE DRIVE APOLLO BEACH, FL 33572

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07262007　　Chg-LLC　　CR2E083 (12/06)

4. FEI Number
JO-4574981
　Applied For
　Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABNER, WENDY 5747 43RD CT. EAST BRADENTON, FL 34203	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 _____　　8-2-07
Signature, typed or printed name of registered agent and title if applicable.　(NOTE: Registered Agent signature required when reinstating)　DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.		ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	NORWOOD, DOUGLAS G		NAME				
STREET ADDRESS	6725 CLAIR SHORE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: _____　　8-2-07　813-671-3375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE　Date　Daytime Phone #