

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000031479

1. Entity Name
NORMAN DICKENSON, LLC



Principal Place of Business
7555 GOLF STREET
KEYSTONE HEIGHTS, FL 32656

Mailing Address
7555 GOLF STREET
KEYSTONE HEIGHTS, FL 32656

FILED

07 SEP 17 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

760829137

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DICKENSON, NORMAN III
7555 GOLF STREET
KEYSTONE HEIGHTS, FL 32656

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

July 2nd 2007

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DICKENSON, NORMAN III
7555 GOLF STREET
KEYSTONE HEIGHTS, FL 32656 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800109773978
09/21/07--01067--008 **55.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ 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:

Norman Dickson III

07-02-07 (352)473-8372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #