


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 3

FILED
Apr 09, 2008 8:00 am
Secretary of State

03-05-2008 90205 009 ***138.75

DOCUMENT # L06000104339
 1. Entity Name
NOR-WEL BUSINESS GROUP, LLC



Principal Place of Business: **3051 WESTGATE DRIVE EUSTIS FL 32726**
 Mailing Address: **3051 WESTGATE DRIVE EUSTIS FL 32726**

30003539



2. Principal Place of Business - No P.O. Box #
134 Habersham Drive
 Suite, Apt. #, etc.

3. Mailing Address
134 Habersham Drive
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)
26-2281354

City & State
Longwood FL

City & State
Longwood FL

Zip
32779 Country **Seminole**

Zip
32779 Country **Seminole**

4. FEI Number
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
NORCROSS, JOYCE
3051 WESTGATE DRIVE
EUSTIS FL 32726

7. Name and Address of New Registered Agent
 Name **Robert L Wells**
 Street Address (P.O. Box Number is Not Acceptable) **134 Habersham Drive**
 City **Longwood** FL Zip Code **32779**

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 *Robert L Wells* DATE **2/23/08**

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORCROSS, JOYCE 3051 WESTGATE DRIVE EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORCROSS, GEOFF 3051 WESTGATE DRIVE EUSTIS FL 32726 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLS, ROBERT L 134 HABERSHAM DR LONGWOOD FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELLS, SHAWN M 1850 N CR 19 EUSTIS FL 32726 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: *Robert L Wells* DATE **2/23/08** 407-786-8106
Joyce Norcross DATE **1/25/08** 407-808-0916

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