

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059583

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: JOHN NORRIS CONSTRUCTION LLC

**Current Principal Place of Business:**

351 NW CORWIN GLN.  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

351 NW CORWIN GLN.  
LAKE CITY, FL 32055

**New Mailing Address:**

FEI Number: 59-3266539      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NORRIS, JACQUELINE  
351 NW CORWIN GLN.  
LAKE CITY, FL 32055      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: NORRIS, JOHN  
Address: 351 NW CORWIN GLN.  
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM      ( ) Delete  
Name: NORRIS, JACQUELINE  
Address: 351 NW CORWIN GLN.  
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM      ( ) Delete  
Name: NORRIS, JOHN II  
Address: 336 NW CORWIN GLN.  
City-St-Zip: LAKE CITY, FL 32055

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACQUELINE NORRIS

MGRM

06/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date