

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025366

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** NORM MALCOLM ENTERPRISES, LLC

**Current Principal Place of Business:**

9149 SE MYSTIC COVE TERRACE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

9149 SE MYSTIC COVE TERRACE  
HOBE SOUND, FL 33455

**Current Mailing Address:**

9149 SE MYSTIC COVE TERRACE  
HOBE SOUND, FL 33455

**New Mailing Address:**

9149 SE MYSTIC COVE TERRACE  
HOBE SOUND, FL 33455

**FEI Number:** 26-2198770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALCOLM, NORMAN  
9149 SE MYSTIC COVE TERRACE  
HOBE SOUND, FL 33455 US

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

MALCOLM, NORMAN  
9149 SE MYSTIC COVE TERRACE  
HOBE SOUND, FL 33455 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:** NORM MALCOLM

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MALCOLM, NORMAN  
**Address:** 9149 SE MYSTIC COVE TERRACE  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** MGR  
**Name:** MALCOLM, LOIS  
**Address:** 9149 SE MYSTIC COVE TERRACE  
**City-St-Zip:** HOBE SOUND, FL 33455

I hereby 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:** NORM MALCOLM

MGRM

01/04/2011

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