

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000048631

**FILED**  
**Feb 18, 2014**  
**Secretary of State**

**Entity Name:** THE NORMAC GROUP LLC

**Current Principal Place of Business:**

1251 BEACON POINT DRIVE, SUITE 719  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

5148 FLORAL BLUFF RD,  
APT. 2  
JACKSONVILLE, FL 32211 UN

**Current Mailing Address:**

1251 BEACON POINT DRIVE, SUITE 719  
JACKSONVILLE, FL 32216

**New Mailing Address:**

5148 FLORAL BLUFF RD,  
APT. 2  
JACKSONVILLE, FL 32211 UN

**FEI Number:** 22-3979489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

POWERHOUSE ANCHOR MANAGEMENT CONSULTING I.  
4811 BEACH BLVD  
SUITE 107  
JACKSONVILLE, FL 32207 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: ETHELBERT NWANEGBO

02/18/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: CHAMBERS, CAMRON  
Address: 5148 FLORAL BLUFF RD,  
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGR  
Name: O'NEAL, JANICE  
Address: 5148 FLORAL BLUFF RD,  
City-St-Zip: JACKSONVILLE, FL 32211

Title: S  
Name: FAIRLEY, MICHAEL  
Address: 5148 FLORAL BLUFF RD,  
City-St-Zip: JACKSONVILLE, FL 32211

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: CAMRON CHAMBERS

MGRM

02/18/2014

Electronic Signature of Authorized Person

Date