

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074261

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** NORMANDALE AVENUE, LLC

**Current Principal Place of Business:**

713 EAST LAKESHORE DRIVE  
OCOEE, FL 32835

**New Principal Place of Business:**

713 EAST LAKESHORE DRIVE  
OCOEE, FL 34761

**Current Mailing Address:**

713 EAST LAKESHORE DRIVE  
OCOEE, FL 32835

**New Mailing Address:**

713 EAST LAKESHORE DRIVE  
OCOEE, FL 34761

FEI Number: 26-3179645      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:**

MEIER, GREGORY W ESQ.  
SHUFFIELD, LOWMAN & WILSON PA  
1000 LEGION PLACE, STE. 1700  
ORLANDO, FL 32801 US

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

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: MGR      ( ) Delete  
Name: MICHAEL BURKHALTER, LLC  
Address: 713 EAST LAKESHORE DRIVE  
City-St-Zip: OCOEE, FL 32835

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: MICHAEL BURKHALTER, LLC  
Address: 713 EAST LAKESHORE DRIVE  
City-St-Zip: OCOEE, FL 34761

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: MICHAEL R. BURKHALTER

MGR

05/04/2009

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