## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077997

**Current Principal Place of Business:** 

MANAGING MEMBERS/MANAGERS:

MGRM

MGRM

OCALA, FL 34471

Name:

Title:

Address:

City-St-Zip:

() Delete

( ) Delete

104 EAST FORT KING STREET

KHOURI-TERRELONGE, KERRYANN

Entity Name: NORMAN'S CHOCOLATE & CONFECTIONS, LLC

FILED Jan 07, 2009 Secretary of State

**New Principal Place of Business:** 

104 EAST FORT KING S' OCALA, FL 34471	TREET			
Current Mailing Address:		New Mailing Address:		
104 EAST FORT KING STREET OCALA, FL 34471		10550 S.W. 139 COURT DUNNELLON, FL 34432		
FEI Number: 26-3168898	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
KHOURI-TERRELONGE, 104 EAST FORT KING S' OCALA, FL 34471 US	TREET			
The above named entity s in the State of Florida.	submits this statement for the p	ourpose of changing its registered o	office or registered agent, or both	
SIGNATURE:				
Electron	ic Signature of Registered Ago	ent	Date	

ADDITIONS/CHANGES:

() Change () Addition

() Change () Addition

Title:

Title:

Name:

Address:

City-St-Zip:

 Name:
 TERRELONGE, KEITH N
 Name:

 Address:
 104 EAST FORT KING STREET
 Address:

 City-St-Zip:
 OCALA, FL 34471
 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: KEITH N. TERRELONGE MGRM 01/07/2009