

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100314

FILED
Apr 21, 2011
Secretary of State

Entity Name: VANDYKE NORMAN INSURANCE, LLC

Current Principal Place of Business:

601-B SOUTH PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

601-B SOUTH PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 26-3597287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDYKE, KEVIN
137 MANRESA ROAD
ST. AUGUSTINE, FL 32084 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: MGRM
Name: VANDYKE, KEVIN
Address: 137 MANRESA ROAD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM
Name: NORMAN, ANDREW M
Address: 1164 NOCHAWAY DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM
Name: NORMAN, MICHAEL H
Address: 164 PELICAN REEF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

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: ANDREW NORMAN

MMG

04/21/2011

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