

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009110

FILED
Apr 29, 2009
Secretary of State

Entity Name: NORLINN ENTERPRISES LLC

Current Principal Place of Business:

3959 SOUTHWEST ST. LUCIE SHORES DRIVE
PALM CITY, FL 34990

New Principal Place of Business:

3959 SW SAINT LUCIE SHORES DRIVE
PALM CITY, FL 34990

Current Mailing Address:

P.O. BOX 1744
PALM CITY, FL 34991

New Mailing Address:

3959 SW SAINT LUCIE SHORES DRIVE
PALM CITY, FL 34990

FEI Number: 52-2206283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENDERSON, NORA M
3959 SOUTHWEST ST. LUCIE SHORES DRIVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

HENDERSON, NORA M
3959 SW SAINT LUCIE SHORES DRIVE
PALM CITY, FL 34990 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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PCEO () Delete
Name: HENDERSON, NORA M
Address: 3959 SOUTHWEST ST. LUCIE SHORES DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: HENDERSON, LINN F
Address: 3959 SOUTHWEST ST. LUCIE SHORES DRIVE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: PCEO (X) Change () Addition
Name: HENDERSON, NORA M
Address: 3959 SW SAINT LUCIE SHORES DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: VP (X) Change () Addition
Name: HENDERSON, LINN F
Address: 3959 SW STAIN LUCIE SHORES DRIVE
City-St-Zip: PALM CITY, FL 34990

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: NORA M. HENDERSON

PCEO

04/29/2009

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