

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90019 039 *****55.00

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1. Entity Name
NORWELL BROKERAGE SERVICES, LLC



Principal Place of Business
**837 MT. MORIAH ROAD
MEMPHIS, TN 38117**

Mailing Address
**837 MT. MORIAH ROAD
MEMPHIS, TN 38117**

2. Principal Place of Business
1815 W. 15th
Suite, Apt. #, etc. **#15**

3. Mailing Address
1815 W. 15th
Suite, Apt. #, etc. **#15**

City & State
Panama City, FL
Zip **32401** Country **US**

City & State
Panama City, FL
Zip **32401** Country **US**

02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1653266 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CROMWELL, JASON
97 FLIP FLOP LANE
PANAMA CITY BEACH, FL 32413**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jason S. Cromwell**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/23/06**

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MAYNOR, BRYON**
STREET ADDRESS **837 MT. MORIAH ROAD**
CITY-ST-ZIP **MEMPHIS, TN 38117**

TITLE **MGRM** ☐ Delete
NAME **CROMWELL, JASON**
STREET ADDRESS **837 MT. MORIAH ROAD**
CITY-ST-ZIP **MEMPHIS, TN 38117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **Jason S. Cromwell** / **Jason S. Cromwell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/06 850-276-4763