

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000057553

**Entity Name:** JIM NORMAN & ASSOCIATES LLC

**Current Principal Place of Business:**

18 MISSION WOODS WAY  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

18 MISSION WOODS WAY  
ST AUGUSTINE, FL 32084 US

**FEI Number:** 52-2439718

**Certificate of Status Desired:** No

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

NORMAN, JAMES CJR  
18 MISSION WOODS WAY  
ST AUGUSTINE, FL 32084 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NORMAN, JAMES CJR.  
Address 18 MISSION WOODS WAY  
City-State-Zip: ST AUGUSTINE FL 32084

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES C NORMAN JR

**PRESIDENT**

**03/03/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date