

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000017806

**Entity Name:** NORI CAPITAL, LLC

**Current Principal Place of Business:**

122 FOURTH AVE.  
SUITE 103  
INDIALANTIC, FL 32903

**Current Mailing Address:**

PO BOX 33548  
INDIALANTIC, FL 32903

**FEI Number: 26-2000480**

**Certificate of Status Desired:** Yes

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

WITTLER, JOHN S  
2149 CIRCLEWOOD DR  
MELBOURNE, FL 32935 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 WITTLER, JOHN S  
Address 2149 CIRCLEWOOD DR  
City-State-Zip: MELBOURNE FL 32935

*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: JOHN S WITTLER**

**MANAGING MEMBER**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date