

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000031979

**Entity Name:** NORTH 29 LLC

**Current Principal Place of Business:**

707 FAULKNER ST  
NEW SMYRNA BEACH, FL 32168-6423

**Current Mailing Address:**

1648 TAYLOR RD  
STE 503  
PORT ORANGE, FL 32128-6753 US

**FEI Number:** 27-2192019

**Certificate of Status Desired:** No

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

GAYNOR, MORGAN ESQ.  
2360 CONGRESS AVE.  
CLEARWATER, FL 33763 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	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	NORTON, BRUCE	Name	NORTON, KRISTINA
Address	707 FAULKNER ST	Address	707 FAULKNER ST
City-State-Zip:	NEW SMYRNA BEACH FL 32168-6423	City-State-Zip:	NEW SMYRNA BEACH FL 32168

*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:** BRUCE NORTON

**MANAGER**

**04/16/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date