

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000170182

Entity Name: ANGELA M. NORKIEWICZ, LLC

Current Principal Place of Business:

28593 RISORSA PL
BONITA SPRINGS, FL 34135

Current Mailing Address:

325 OLD BAILEY LN
WEST CHESTER, PA 19382 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORKIEWICZ, ANGELA M
28593 RISORSA PL
BONITA SPRINGS, FL 34135 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 MGR
Name NORKIEWICZ, ANGELA M
Address 28593 RISORSA PL
City-State-Zip: BONITA SPRINGS FL 34135

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: ANGELA M NORKIEWICZ

MANAGER

04/07/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date