

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000101981

**Entity Name:** THE NORMEDACRES, LLC

**Current Principal Place of Business:**

1933 WOODMERE DR.  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

1933 WOODMERE DR.  
JACKSONVILLE, FL 32210

**FEI Number:** 82-5276568

**Certificate of Status Desired:** No

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

BROWN, ZACHARY E  
1933 WOODMERE DR.  
JACKSONVILLE, FL 32210 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	Title	MGR
Name	BROWN, ZACHARY E	Name	BROWN, LISA A
Address	1933 WOODMERE DR.	Address	1933 WOODMERE DR.
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

*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:** ZACHARY BROWN

DR.

01/31/2022

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

\_\_\_\_\_  
Date