ST. CLOUD	-55 FOREST LANE , FL 34772			
FEI Number: 84-4904045		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
ABA-Q ACCOL 1317 EDGEWA 4917 ORLANDO, FL				
The above name	d entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State of Flor	rida.
	d entity submits this statement for the purpose of changing its reg E: WANDA RAPISARDI	gistered office or regis	tered agent, or both, in the State of Flor	rida. 02/05/2023
		gistered office or regis	tered agent, or both, in the State of Flor	
SIGNATURE	E: WANDA RAPISARDI	gistered office or regis	tered agent, or both, in the State of Flor	02/05/2023
SIGNATURE	E: WANDA RAPISARDI Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of Flor	02/05/2023
SIGNATURE Authorized	WANDA RAPISARDI     Electronic Signature of Registered Agent  Person(s) Detail :			02/05/2023
SIGNATURE Authorized	E: WANDA RAPISARDI Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	02/05/2023 Date

## DAVENPORT, FL 33897

**Current Principal Place of Business:** 

DOCUMENT# L20000056671

Entity Name: NORMAP LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Mailing Address:**

303 LUCAYA LOOP

4671 CYPRESS FOREST LANE

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: MIGUEL ANGEL PARDO

MANAGER

02/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date