

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000387558

**Entity Name:** NORMA P DEL PINO LLC

**Current Principal Place of Business:**

561 MAR NAN MAR PL  
CLERMONT, FL 34711

**Current Mailing Address:**

561 MAR NAN MAR PL  
CLERMONT, FL 34711 US

**FEI Number:** 85-4243030

**Certificate of Status Desired:** No

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

DEL PINO, NORMA P  
561 MAR NAN MAR PL.  
CLERMONT, FL 34711 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            AMBR  
Name            DEL PINO, NORMA P  
Address        561 MAR NAN MAR PL.  
City-State-Zip: CLERMONT FL 34711

*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:** NORMA DEL PINO

AMBR

03/28/2024

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

\_\_\_\_\_ Date