

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000072994

Entity Name: NORMAN MEDICAL GROUP LLC

Current Principal Place of Business:

7204 MIKASA DRIVE
PUNTA GORDA, FL 33950

Current Mailing Address:

7204 MIKASA DRIVE
PUNTA GORDA, FL 33950 US

FEI Number: 86-2213571

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORMAN, MARCUS
7204 MIKASA DRIVE
PUNTA GORDA, FL 33950 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 NORMAN, MARCUS
Address 7204 MIKASA DRIVE
City-State-Zip: PUNTA GORDA FL 33950

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: MARCUS NORMAN

OWNER

03/06/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date