

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000320363

**Entity Name:** NORRIS FURNITURE OUTLET, LLC

**Current Principal Place of Business:**

14125 S. TAMIAMI TRAIL  
FORT MYERS, FL 33912

**Current Mailing Address:**

14125 S. TAMIAMI TRAIL  
FORT MYERS, FL 33912 US

**FEI Number:** 87-2733468

**Certificate of Status Desired:** Yes

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

MCCLURE, KEVIN R  
14125 S. TAMIAMI TRAIL  
FORT MYERS, FL 33912 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:** KEVIN R MCCLURE

03/06/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SEVEREGN MANAGEMENT CO., LLC  
Address 14125 S. TAMIAMI TRAIL  
City-State-Zip: FORT MYERS FL 33912

Title AP  
Name SHRAWDER, JAMES  
Address 5709 HARBOUR PRESERVE CIRCLE  
City-State-Zip: CAPE CORAL FL 33914

Title CONTROLLER  
Name MCCLURE, KEVIN R  
Address 14125 S. TAMIAMI TRAIL  
City-State-Zip: FORT MYERS FL 33912

Title AP  
Name WEAVER, HEATHER L  
Address 17 ROTHENBURG WAY  
City-State-Zip: REINHOLDS FL 17569

*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:** KEVIN R MCCLURE

CONTROLLER

03/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date