

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008323

**Entity Name:** NORMANDY OF JAX, L.L.C.

**Current Principal Place of Business:**

3733 W. UNIVERSITY BLVD., SUITE 204  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

3733 W. UNIVERSITY BLVD., SUITE 204  
JACKSONVILLE, FL 32217

**FEI Number:** 59-3611285

**Certificate of Status Desired:** No

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

HELMING, DONNA  
3733UNIVERSITY BLVD W STE 204  
JACKSONVILLE, FL 32217 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 MGRM  
Name SEGOVIA VENTURES, LLC  
Address 3733 W. UNIVERSITY BLVD., SUITE  
204  
City-State-Zip: JACKSONVILLE FL 32217

*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:** DONNA HELMING

**RESIDENT AGENT**

**02/12/2017**

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

\_\_\_\_\_  
Date