

A060000000263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JUL 27 PM 3:22

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*W*

J. BRYAN

JUL 30 2012

EXAMINER

912A-17768



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2012

DAVID FREEDMAN  
COFFEY BURLINGTON  
2699 SOUTH BAYSHORE DRIVE, PH  
MIAMI, FL 33133

SUBJECT: NORMANDY VILLAGE HOLDINGS, LLLP  
Ref. Number: A06000000263

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TALLAHASSEE, FLORIDA

We have received your document for NORMANDY VILLAGE HOLDINGS, LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$52.50.

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 912A00017768

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NORMANDY VILLAGE HOLDINGS, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A06000000263

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GEORGE BECKHART

Contact Person

c/o NORMANDY VILLAGE

Firm/Company

4830 NW 36th STREET

Address

LAUDERDALE LAKES, FL 33319

City, State and Zip Code

normandypm@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee ☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

COFFEY BURLINGTON, hereby resigns as  
Name of Registered Agent

Registered Agent for NORMANDY VILLAGE HOLDINGS, LLLP,  
Name of Limited Partnership or Limited Liability Limited Partnership

A06000000263  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

  
Signature of Registered Agent

If signing on behalf of an entity:

DAVID FREEDMAN  
Typed or Printed Name  
COUNSEL  
Capacity

Filing Fee: \$87.50  
Certified Copy (optional): \$52.50

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