FILED
Mar 01, 2004 8:00 am
Secretary of State
02-17-2004 90197 016 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000013551

1. Entity Name
1040 NORMANDY, L.C.

Principal Place of Business	Mailing Address
1111 KANE CONCOURSE, STE. 211 BAY HARBOR ISLANDS, FL 33154	1111 KANE CONCOURSE, STE. 211 BAY HARBOR ISLANDS, FL 33154

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0644952 ☐ Applied F[or] ☐ Not Applic[able]

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SALVER, ISAAC
1111 KANE CONCOURSE, STE. 211
BAY HARBOR ISLANDS, FL 33154

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and acc[ept] the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Raquel Ruiz Director 1111 Kane Concourse, Ste 211 Bay Harbor Island, Fl. 33154 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad[dition]
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati[on] indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [signature]