

LO6000007530

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(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Normandy General Partners, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ignacio J. Hawley  
(Name of Person)

Normandy General Partners LLC  
(Firm/Company)

2601 S. Bayshore Dr. Suite #1100  
(Address)

Miami, FL 33133  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ignacio J. Hawley at (305) 854-1900  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2007

IGNACIO J. HAWLEY  
VISTAS INTERNATIONAL REALTY  
2601 S. BAYSHORE DR., SUITE 1100  
MIAMI, FL 33133

SUBJECT: NORMANDY GENERAL PARTNERS, LLC  
Ref. Number: L06000007530

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TALLAHASSEE, FLORIDA

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

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 007A00059845

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Normandy General Partners, LLC.

2. The mailing address of the limited liability company is : 800 Bickell AV, SUITE  
# 902, Miami, FL 33131

01/20/2006  
3. Date of filing/registration in Florida

LO6000007530  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CUARON, Andrew ESQ., CUARON ROETZ P.A.

Name

536 BILTMORE WAY

Address

CORA GABLES, FL 33134

City, State and Zip

6. The name and address of the new registered agent and/or office:

Ignacio J. Hawley

Name

2601 S. Bayshore Dr., SUITE # 900

Florida street address (P.O. Box NOT acceptable)

Miami, FL 33133

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X

(Signature of a member or authorized representative of a member)

X IGNACIO J. HAWLEY

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(Signature of Registered Agent)

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

FILING FEE: \$25.00

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