

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000056154

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Entity Name:** NORMANDY DROP ZONE TOURS, LLC

**Current Principal Place of Business:**

3220 OVERLOOK ROAD  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

3220 OVERLOOK ROAD  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 27-0487597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANLEY, DAVID F  
3220 OVERLOOK ROAD  
DAVIE, FL 33328 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HANLEY, DAVID F  
Address: 3220 OVERLOOK ROAD  
City-St-Zip: DAVIE, FL 33328

Title: MGRM  
Name: BRUECK, JOHN K JR  
Address: 7110 SEMINOLE COURT  
City-St-Zip: COLUMBIA, MO 65203

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID F. HANLEY

MGRM

04/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date