

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076039

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** NORMANDY 620, LLC

**Current Principal Place of Business:**

325 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

135 SAN LORENZO AVENUE  
SUITE 620  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

325 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

135 SAN LORENZO AVENUE  
SUITE 620  
CORAL GABLES, FL 33146 US

FEI Number: 65-0390740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RODRIGUEZ, RAQUEL A  
325 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

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

RODRIGUEZ, RAQUEL A  
135 SAN LORENZO AVENUE  
SUITE 620  
CORAL GABLES, FL 33146 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

04/20/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RODRIGUEZ, RAQUEL A  
Address: 135 SAN LORENZO AVENUE, SUITE 620  
City-St-Zip: CORAL GABLES, FL 33146 US

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: RAQUEL A. RODRIGUEZ

MGR

04/20/2010

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