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Office Use Only



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SECVETARY OF STATE



J. BRYAN

JUL 30 2012

EXAMINER



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 PROPERTY MANAGEMENT

LLC

Ref. Number: L09000076740

We have received your document for NORMANDY VILLAGE HOLDINGS PROPERTY MANAGEMENT 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):

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: 612A00017766

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MANDY VILLAGE HOLDINGS PRO Name of Limited Liabilit	PERTY MANAGEMENT v Company	
	076740	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are subr	nitted
Please return all correspondence concerning this matter to	the following:	
GEORGER BECKHART Name of Person	_ 	
c/o NORMANDY VILLAGE Name of Firm/Company	SECRETARY OF STATE TALLAHASSEE, FLORES	<u> </u>
4830 NW 36th STREET Address	NACY OF THE SEE, THE	
LAUDERDALE LAKES, FL 33319 City/State and Zip Code	FLORES	
normandypm@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
Name of Person at (at Coc) de & Daytime Telephone Number	
Enclosed is a check made payable to the Florida Departme liability company or \$25.00 for an administratively dissolv limited liability company.	ent of State for \$85.00 for an active linded, voluntarily dissolved or withdraw	nited n

MAILING ADDRESS:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 608.416(2) or 608.509, F	Florida Statutes, the undersigned,	
	FFEY BURLINGTON Name of Registered Agent	, hereby resigns as	
Registered Agent for NO	RMANDY VILLAGE HOLDING	IGS PROPERTY MANAGEMENT, LLC	
	Name of Limited Liability Comp	mpany ,	
L09000	076740		
Document Num	ber, if known		
	and the office discontinued on the 31	Ited liability company at its last known address. Blst day after the date on which this statement is filed.	
	Signature of Resig	·	
If signing on behalf of an	entity:	SECRETARY ALLAHASSE	
	DAVID FREEDM	MAN 💆 💆 🗖	7
·	Typed or Printed Nau	me \$550 27	-
	Capacity	PH 3: 22	Ī

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314