

L11000130379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

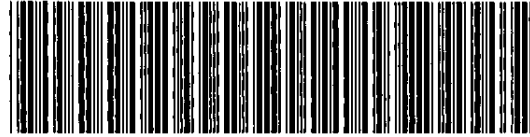
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 AUG 23 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORMANDY ESTATES ASSISTED LIVING LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY STANLEY

(Name of Person)

NORMANDY ESTATES ASSISTED LIVING LLC

(Firm/Company)

7100 RUE GRANVILLE

(Address)

MIAMI BEACH, FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY STANLEY at (786) 468-2020
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
12 AUG -3 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

NORMANDY ESTATES ASSISTED LIVING TRUST

2. The Articles of Organization were filed on 11/08/2011 and assigned document number L11000130379

3. The date the dissolution was approved: 08/01/2012

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

This dissolution is upon the written consent of all of the members of the
limited liability company.

5. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- There are no suits pending against the company in any court.
-OR-
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Gary Stanley

Printed Name

GARY Stanley

CONSENT TO DISSOLUTION

FILED.

OF

12 AUG -3 PM 3: 02

NORMANDY ESTATES ASSISTED LIVING LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Gary Stanley, certify that I am the only member of Normandy Estates Assisted Living LLC. I hereby consent to its dissolution, effective as of August 1st 2012.

I certify that the LLC has no outstanding debts and pending legal claims.

Gary Stanley
GARY STANLEY

STATE OF FLORIDA

COUNTY OF MIAMI DADE

Sworn to or affirmed and signed before me on this 1st day of August, 2012,

by GARY STANLEY, who, after being duly sworn, states that the afore-stated information is true and correct.

[Signature]
NOTARY PUBLIC - STATE OF FLORIDA

Julia Arrendell

[Print, type, or stamp commissioned name of notary.]

Personally known
 Produced identification
Type of identification produced _____

NOTARY PUBLIC-STATE OF FLORIDA
Julia Arrendell
Commission # DD908153
Expires: AUG. 31, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

GARY STANLEY
Normandy Estates Assisted Living LLC
7100 Rue Granville
Miami Beach, FL 33141

August 1st 2012

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

Re: Document Number: L11000130379

Entity Name: NORMANDY ESTATES ASSISTED LIVING LLC

Dear Regulatory Specialist,

This letter is to certify that I was the organizer of Normandy Estates Assisted Living LLC, a Florida limited liability company. I voluntarily dissolved the LLC before doing business with the public, because the proper corporate form for the intended purpose was a not-for-profit corporation, which I initially had but dissolved, because of ill advice from my CPA.

I certify further and affirm that I have no intention of revoking the dissolution of the LLC. Therefore, I am releasing the name for my own use to register Normandy Estates Assisted Living, Inc. for the not-for-profit entity that I had in the first place. The LLC statute does not provide for a conversion. Thus the dissolution and refiling is necessary.




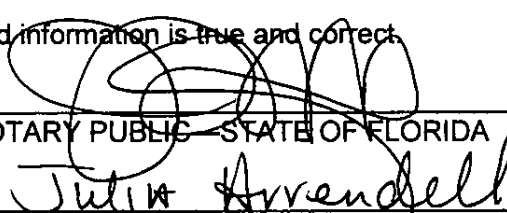
GARY STANLEY, *Manager*

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to or affirmed and signed before me on this 1st day of August 2012, by GARY STANLEY,
who, after being duly sworn, states that the afore-stated information is true and correct.

NOTARY PUBLIC-STATE OF FLORIDA
 Julia Arrandell
Commission # DD908153
Expires: AUG. 31, 2013
BONDED THROUGH ATLANTIC BONDING CO., INC.



NOTARY PUBLIC-STATE OF FLORIDA
Julia Arrandell
[Print, type, or stamp commissioned name
of notary.]

Personally known
 Produced identification
Type of identification produced _____