

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000105408

**Entity Name:** FR50 NORMANDY, LLC**Current Principal Place of Business:**14650 NORMANDY BOULEVARD  
JACKSONVILLE, FL 32234**Current Mailing Address:**1404 CRESTED HERON CT  
SAINT AUGUSTINE, FL 32092 US**FEI Number:** 92-3752003**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERA, RAYMOND A  
1404 CRESTED HERON CT  
SAINT AUGUSTINE, FL 32092 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:** RAYMOND RIVERA

02/14/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MANAGER
Name	RIVERA, RAYMOND A	Name	BARRAZA-FRIED, HELEN
Address	1404 CRESTED HERON CT	Address	3175 NW 124 WAY
City-State-Zip:	SAINT AUGUSTINE FL 32092	City-State-Zip:	SUNRISE FL 33323
Title	MANAGER		
Name	CHIARELLO, LAURA		
Address	400 EAST BAY STREET SUITE 1104		
City-State-Zip:	JACKSONVILLE FL 32202		

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAYMOND RIVERA

MGRM

02/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date