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: DAVID F. HANLEY

Electronic Signature of Signing Authorized Person(s) Detail

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.

# Electronic Signature of Registered Agent

Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	HANLEY, DAVID F	Name	BRUECK, JOHN K JR.	
Address	3201 OVERLOOK ROAD	Address	15937 WOODLET WAY COURT	
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	CHESTERFIELD MO 63017	

SIGNATURE: DAVID F. HANLEY, PRESIDENT

3201 OVERLOOK ROAD DAVIE, FL 33328

DOCUMENT# L08000056154

**Current Mailing Address:** 

3201 OVERLOOK ROAD DAVIE. FL 33328 US

## FEI Number: 27-0487597

### Name and Address of Current Registered Agent:

Entity Name: NORMANDY DROP ZONE TOURS, LLC

DAVID F. HANLEY, P.A. 3201 OVERLOOK ROAD DAVIE, FL 33328 US

**Current Principal Place of Business:** 

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Certificate of Status Desired: No

04/25/2017 Date

FILED Apr 25, 2017 Secretary of State CC1937909039

> 04/25/2017 Date

MANAGER