

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071821

**Entity Name:** NORMANDY ESTATES, LLC

**Current Principal Place of Business:**

8800 NORTH BRONX AVENUE  
2ND FLOOR  
SKOKIE, IL 60077

**Current Mailing Address:**

8800 NORTH BRONX AVENUE  
2ND FLOOR  
SKOKIE, IL 60077 US

**FEI Number:** 80-0226588

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           LFWP MANAGER, LLC  
Address       8800 NORTH BRONX AVENUE  
                  2ND FLOOR  
City-State-Zip: SKOKIE IL 60077

Title           AUTHORIZED PERSON  
Name           WOLF, JOSEPH I.  
Address       8800 NORTH BRONX AVENUE  
                  2ND FLOOR  
City-State-Zip: SKOKIE IL 60077

*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:** JOSEPH I. WOLF

**AUTHORIZED PERSON**

**04/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date