

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED
Apr 07, 2016
Secretary of State
CC9862996035**

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

04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date