

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000218491

Entity Name: 5615 NORMANDY LLC

Current Principal Place of Business:

2650 ROSSELLE STREET
STE. 2
JACKSONVILLE, FL 32204

Current Mailing Address:

2650 ROSSELLE STREET
STE. 2
JACKSONVILLE, FL 32204 US

FEI Number: 88-2584534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUDMON, STANTON W
2650 ROSSELLE STREET
STE. 2
JACKSONVILLE, FL 32204 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: STANTON HUDMON

01/25/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name HUDMON, STANTON W
Address 2650 ROSSELLE STREET STE. 2
City-State-Zip: JACKSONVILLE FL 32204

Title AMBR
Name INDRIOLO, JOSEPH
Address 2650 ROSSELLE STREET STE. 2
City-State-Zip: JACKSONVILLE FL 32204

Title AMBR
Name WAINWRIGHT, MARK
Address 2650 ROSSELLE STREET STE. 2
City-State-Zip: JACKSONVILLE FL 32204

Title AMBR
Name EASTON, WILLIAM
Address 2650 ROSSELLE STREET STE. 2
City-State-Zip: JACKSONVILLE FL 32204

Title AMBR
Name SPERLING, BENJIE
Address 2650 ROSSELLE STREET STE. 2
City-State-Zip: JACKSONVILLE FL 32204

Title AMBR
Name BASHIR, SINAN
Address 2650 ROSSELLE STREET STE. 2
City-State-Zip: JACKSONVILLE FL 32204

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: STANTON HUDMON

MGR

01/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date