

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000046543

Entity Name: 502 WIND BY NEO, LLC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2070 NW 79TH AVENUE  
DORAL, FL 33122

**New Principal Place of Business:**

10947 NW 65 STREET  
DORAL, FL 33178

**Current Mailing Address:**

2070 NW 79TH AVENUE  
DORAL, FL 33122

**New Mailing Address:**

10947 NW 65 STREET  
DORAL, FL 33178

FEI Number: 68-0680491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GBS CONSULTANTS, INC.  
18501 PINES BLVD., STE. 201  
PEMBROKE PINES, FL 33029 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FOLCHI, NICOLA  
Address: 10947 NW 65 STREET  
City-St-Zip: DORAL, FL 33178

Title: MGR  
Name: TOGANDI, NATHALY  
Address: 10947 NW 65 STREET  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: NICOLA FOLCHI

MGR

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date