

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048516

Entity Name: NEWINDS, LLC**Current Principal Place of Business:**138 30TH TERRACE
CAPE CORAL, FL 33904**Current Mailing Address:**138 30TH TERRACE
CAPE CORAL, FL 33904**FEI Number:** 20-1307734**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERNANDEZ, EDUARDO ESQ
4100 SW 57TH AVENUE
SOUTH MIAMI, FL 33155 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	MGR
Name	CALVO DE BARBERO, PATRICIA S
Address	138 30TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904

Title	MGR
Name	BARBERO, ALBERTO J
Address	138 SE 30TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904

Title	MGR
Name	BARBERO, MATIAS J
Address	138 SE 30TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904

Title	MGR
Name	POKORNY, ROBIN
Address	138 SE 30TH TERRACE
City-State-Zip:	CAPE CORAL FL 33904

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBERO , ALBERTO J**MANAGER****01/24/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date