

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000056365

**Entity Name:** PACIFIC WIND ENTERPRISES, LLC

**Current Principal Place of Business:**

18101 COLLINS AVE  
TS05  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

DEPT. 8-SJO, P.O. BOX 025216  
MIAMI, FL 33102-5216

**FEI Number:** 27-0346632

**Certificate of Status Desired:** No

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

FURLONG, RICHARD A  
15220 LEITH WALK LN  
TAMPA, FL 33618 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 MGRM  
Name BARR, NORMAN  
Address DEPT. 8-SJO, P.O. BOX 025216  
City-State-Zip: MIAMI FL 33102-5216

*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:** NORMAN BARR

**MANAGER**

**04/22/2015**

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

\_\_\_\_\_  
Date