

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000010321

Entity Name: NORTH WINDS, LLC

Current Principal Place of Business:

13170 ATLANTIC BLVD
#43
JACKSONVILLE, FL 32225

Current Mailing Address:

2949 AMELIA BLUFF DRIVE
JACKSONVILLE, FL 32226

FEI Number: 27-1886960

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACOBSON, GREGORY C
2949 AMELIA BLUFF DRIVE
JACKSONVILLE, FL 32226 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 MGMR
Name JACOBSON, GREGORY C
Address 2949 AMELIA BLUFF DRIVE
City-State-Zip: JACKSONVILLE FL 32226

Title MGMR
Name JACOBSON, LORI L
Address 2949 AMELIA BLUFF DRIVE
City-State-Zip: JACKSONVILLE FL 32226

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: LORI L JACOBSON

MEMBER

03/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date