

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000046543

**Entity Name:** 502 WIND BY NEO, LLC.

**Current Principal Place of Business:**

350 SOUTH MIAMI AVE. # 502  
MIAMI, FL 33130

**Current Mailing Address:**

9600 NW 38TH STREET  
SUITE # 208  
DORAL, FL 33178 US

**FEI Number:** 68-0680491

**Certificate of Status Desired:** No

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

GBS CONSULTANTS, INC.  
18501 PINES BLVD., STE. 201  
PEMBROKE PINES, FL 33029 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	Title	MGR
Name	FOLCHI, NICOLA	Name	TOGANDI, NATHALY
Address	9600 NW 38TH STREET SUITE # 208	Address	9600 NW 38TH STREET SUITE # 208
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** NICOLA FOLCHI

**MGR**

**04/21/2015**

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

\_\_\_\_\_  
Date