

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111322

**Entity Name:** BLOWER WIND, LLC

**Current Principal Place of Business:**

1111BRICKELL AVENUE  
SUITE 2802  
MIAMI, FL 33131

**Current Mailing Address:**

1111BRICKELL AVENUE  
SUITE 2802  
MIAMI, FL 33131

**FEI Number:** 80-0682059

**Certificate of Status Desired:** No

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

HALPERN RODRIGUEZ, LLP  
800 DOUGLAS ROAD  
SUITE 880  
CORAL GABLES, FL 33134 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 BAERT, CAROLINA  
Address 1111 BRICKELL AVENUE, SUITE 2802  
City-State-Zip: MIAMI FL 33131

*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:** CAROLINA BAERT

MGR

03/24/2014

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

\_\_\_\_\_  
Date