

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111322

**Entity Name:** BLOWER WIND, LLC

**Current Principal Place of Business:**

132 MINORCA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

132 MINORCA AVE  
CORAL GABLES, FL 33134 US

**FEI Number:** 80-0682059

**Certificate of Status Desired:** No

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

FERNANDO L ORTIZ PA  
132 MINORCA AVE  
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:** FERNANDO L ORTIZ

01/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PODOLSKY, MIGUEL H  
Address 86 LILLY WAY  
City-State-Zip: LA SELVA BEACH CA 95076

*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:** MIGUEL H PODOLSKY

MGR

01/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date