

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000003044

**Entity Name:** WINTERWIND MANAGEMENT, LLC

**Current Principal Place of Business:**

17555 COLLINS AVENUE  
APT 507  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17555 COLLINS AVENUE  
APT 507  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 27-4534540

**Certificate of Status Desired:** No

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

MEDGE, INNA  
17555 COLLINS AVENUE  
APT 507  
SUNNY ISLES BEACH, FL 33160 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 MEDGE, INNA  
Address 17555 COLLINS AVENUE, APT 507  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** INNA MEDGE

**MANAGER**

**05/01/2013**

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

\_\_\_\_\_  
Date