### 2017 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

#### 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

#### Authorized Person(s) Detail :

TitleMGRNameMEDGE, INNAAddress17555 COLLINS AVENUE, APT 507City-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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

#### SIGNATURE: INNA MEDGE

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 18, 2017 Secretary of State CC9796070349

Certificate of Status Desired: No

Date

04/18/2017 Date