

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000038174

**Entity Name:** WHIRLWINDLLC

**Current Principal Place of Business:**

P O BOX 521607  
LONGWOOD, FL 32752

**Current Mailing Address:**

P O BOX 521607  
LONGWOOD, FL 32752 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

COHEN, PETER MR.  
608 FLORIDA BLVD  
ALTAMONTE SPRINGS, FL 32701 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	MGRM	Title	MANAGER
Name	COHEN, AUDREY	Name	COHEN, PETER
Address	P O BOX 521607	Address	P O BOX 521607
City-State-Zip:	LONGWOOD FL 32752	City-State-Zip:	LONGWOOD FL 32752

*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:** PETER COHEN

**MANAGER**

**04/03/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date