

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000038174

**Entity Name:** WHIRLWINDLLC

**Current Principal Place of Business:**

605 E. GORE ST.  
ORLANDO, FL 32806

**Current Mailing Address:**

605 E. GORE ST.  
ORLANDO, FL 32806 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COHEN, AUDREY  
605 E. GORE ST.  
ORLANDO, FL 32806 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:** AUDREY COHEN

03/03/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MANAGER
Name	COHEN, AUDREY	Name	COHEN, PETER
Address	605 E. GORE ST.	Address	P O BOX 521607
City-State-Zip:	ORLANDO FL 32806	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:** AUDREY COHEN

MS.

03/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date