

2017 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
Name COHEN, AUDREY
Address P O BOX 521607
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

MGMR

04/28/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date