

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000069958

Entity Name: WINDSWEPT NAPLES LLC

Current Principal Place of Business:

10001 TAMIAMI TRL N.
NAPLES, FL 34108

Current Mailing Address:

10001 TAMIAMI TRL N.
NAPLES, FL 34108

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHN C GOEDE PA
8950 FONTANA DEL SOL WAY
SUITE 100
NAPLES, FL 34109 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 AUSTON, DAVID
Address 10001 TAMIAMI TRL N.
City-State-Zip: NAPLES FL 34108

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: DAVID AUSTON

MGR

01/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date