

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000011130

**Entity Name:** HIGHWINDS NL, LLC

**Current Principal Place of Business:**

807 W. MORSE BLVD.  
SUITE 101  
WINTER PARK, FL 32789

**Current Mailing Address:**

807 W. MORSE BLVD.  
SUITE 101  
WINTER PARK, FL 32789 US

**FEI Number:** 61-1731021

**Certificate of Status Desired:** No

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

MILLER, THOMAS S  
807 W. MORSE BLVD.  
SUITE 101  
WINTER PARK, FL 32789 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 AMBR  
Name HIGHWINDS CAPITAL, INC.  
Address 807 W. MORSE BLVD., SUITE 101  
City-State-Zip: WINTER PARK FL 32789

Title CEO  
Name MILLER, THOMAS S  
Address 807 W. MORSE BLVD.  
SUITE 101  
City-State-Zip: WINTER PARK FL 32789

Title CFO  
Name MILLER, R GABE ESQ.  
Address 807 W. MORSE BLVD.  
SUITE 101  
City-State-Zip: WINTER PARK FL 32789

*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:** R GABE MILLER

CFO

03/23/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date