

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000132248

**Entity Name:** 200 WYNDEMERE WAY #304 LLC

**Current Principal Place of Business:**

1609 CHINABERRY WAY  
NAPLES, FL 34105

**Current Mailing Address:**

C/O GIRAFFE GROUP  
137 NARRAGANSETT AVE  
JAMESTOWN, RI 02835 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BAUER, GWEN B  
1609 CHINABERRY WAY  
NAPLES, FL 34105 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 MGR  
Name FORNARI, FRANK  
Address 1609 CHINABERRY WAY  
City-State-Zip: NAPLES FL 34105  
  
Title MMBR  
Name BAUER, CATHY D  
Address 200 WYNDEMERE WAY #304  
City-State-Zip: NAPLES FL 34105

Title MGR  
Name BAUER, GWEN  
Address 1609 CHINABERRY WAY  
City-State-Zip: NAPLES FL 34105

*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:** GWEN BAUER

**MEMBER**

**04/13/2016**

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

\_\_\_\_\_  
Date