

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000003736

Entity Name: WINDFLOWER, LLC

Current Principal Place of Business:

528 NW WINDFLOWER TERRACE
JENSEN BEACH, FL 34957

Current Mailing Address:

4492 SW BRANCH TERRACE
PALM CITY, FL 34990 US

FEI Number: 81-1347925

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURGUND, JAMES E
4492 SW BRANCH TERRACE
PALM CITY, FL 34990 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 MANAGER, AUTHORIZED MEMBER,
 AUTHORIZED REPRESENTATIVE
Name SPIEKERMANN, FRIEDHELM B
Address 528 NW WINDFLOWER TERRACE
City-State-Zip: JENSEN BEACH FL 34957

Title AUTHORIZED REPRESENTATIVE,
 MANAGER, AUTHORIZED MEMBER
Name BURGUND, JAMES E
Address 4492 SW BRANCH TERRACE
City-State-Zip: PALM CITY FL 34990

Title MANAGER, AUTHORIZED MEMBER,
 AUTHORIZED REPRESENTATIVE
Name KOTTE, ANDREA
Address 528 NW WINDFLOWER TERRACE
City-State-Zip: JENSEN BEACH FL 34957

Title AUTHORIZED MEMBER
Name LINKED VERMÖGENSVERWALTUNGS
 GMBH
Address 528 NW WINDFLOWER TERRACE
City-State-Zip: JENSEN BEACH FL 34957

Title AUTHORIZED MEMBER
Name MODONOSTRO GMBH
Address 528 NW WINDFLOWER TERRACE
City-State-Zip: JENSEN BEACH FL 34957

Title AUTHORIZED MEMBER
Name WINDFLOWER GMBH
Address 528 NW WINDFLOWER TERRACE
City-State-Zip: JENSEN BEACH FL 34957

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: JAMES BURGUND

MANAGER

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date