

**2023 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 VERMOGENSVERWALTUNGS  
                  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**

**04/10/2023**

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

\_\_\_\_\_  
Date