

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000019200

Entity Name: 4 WINDS LLC

Current Principal Place of Business:

4369 HERSCHEL STREET
JACKSONVILLE, FL 32210

Current Mailing Address:

4369 HERSCHEL STREET
JACKSONVILLE, FL 32210

FEI Number: 86-1648288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZENBUSINESS INC.
336 E. COLLEGE AVE, SUITE 301
TALLAHASSEE, FL 32301 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 RATERMAN, CHRISTOPHER
Address 4369 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL 32210

Title MGRM
Name SACCHI, GABRIELE
Address 2323 FORBES STREET
City-State-Zip: JACKSONVILLE FL 32204

Title MGRM
Name GALLIGAR, KYLE
Address 66 CLARENDON STREET, #3
City-State-Zip: BOSTON MA 02116

Title MGRM
Name GALLIGAR, TERRIE
Address 85263 AMAGANSETT DRIVE
City-State-Zip: FERNANDINA BEACH FL 32034

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: CHRISTOPHER RATERMAN

MANAGER

03/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date