

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000126901

**Entity Name:** WINDANTIDE 5446 LLC

**Current Principal Place of Business:**

5446 WINDANTIDE RD  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

5401 A1A S  
SAINT AUGUSTINE, FL 32080 US

**FEI Number: 89-2970431**

**Certificate of Status Desired: No**

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

LAWRENCE, CHARLES  
5401 A1A S  
SAINT AUGUSTINE, FL 32080 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 AR  
Name LAWRENCE, CHARLES  
Address 5401 A1A S  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title AR  
Name LAWRENCE, JOVIE  
Address 5401 A1A S  
City-State-Zip: SAINT AUGUSTINE FL 32080

Title AR  
Name LINDSEY, KAREN  
Address 5401 A1A S  
City-State-Zip: SAINT AUGUSTINE FL 32080

*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: CHARLES LAWRENCE**

AR

01/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date