

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000475820

**Entity Name:** WINDMILL FARMS COMMERCIAL, LLC

**Current Principal Place of Business:**

3050 BISCAYNE BOULEVARD, SUITE 300  
MIAMI, FL 33137

**Current Mailing Address:**

3050 BISCAYNE BOULEVARD, SUITE 300  
MIAMI, FL 33137 US

**FEI Number:** 92-0967856

**Certificate of Status Desired:** Yes

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

BRIAN J. MCDONOUGH  
2200 MUSEUM TOWER  
150 WEST FLSGLER STREET  
MIAMI, FL 33130 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           | PRESIDENT                             | Title           | VP                                    |
| Name            | SALAND, ROBERT                        | Name            | ROJO, FRANCISCO                       |
| Address         | 3050 BISCAYNE BOULEVARD, SUITE<br>300 | Address         | 3050 BISCAYNE BOULEVARD, SUITE<br>300 |
| City-State-Zip: | MIAMI FL 33137                        | City-State-Zip: | MIAMI FL 33137                        |

*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: FRANCISCO ROJO

VP

02/27/2024

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

\_\_\_\_\_  
Date