

2001 UNIFORM BUSINESS REPORT (UBR)

0013321 AF

DOCUMENT # L00000000432

1. Entity Name
WYNDCREST LATINWAY HOLDINGS, LLC

FILED

01 MAY -4 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
777 SOUTH FLAGLER DRIVE, SUITE 1750 WEST
WEST PALM BEACH FL 33401

Mailing Address
777 SOUTH FLAGLER DRIVE, SUITE 1750 WEST
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 Clematis Street
Suite, Apt. #, etc.
Third Floor
City & State

3. Mailing Address
300 Clematis Street
Suite, Apt. #, etc.
Third Floor
City & State

4. FEI Number
65-0962703

Applied For
Not Applicable

Zip
Country

Zip
Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEXTOR, JOHN C
777 SOUTH FLAGLER DRIVE, SUITE 1750 WEST
WEST PALM BEACH FL 33401

Name
Street Address (P.O. Box Number is Not Acceptable)
300 Clematis Street - Third Floor
City FL Zip Code

8. 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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Textor Ventures, Inc. 300 Clematis Street - Third West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

300004336373--5
-05/31/01--01074--010
****400.00 ****50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)