

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90001 030 ****50.00

DOCUMENT # L00000001590

1. Entity Name

WIND-MARK CONCEPTS, LLC



Principal Place of Business

**9045 LAFONTANA BLVD.
STE B1
BOCA RATON FL 33434**

Mailing Address

**9045 LAFONTANA BLVD.
STE B1
BOCA RATON FL 33434**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDSTEIN, ROBERT N
9045 LAFONTANA BLVD. STE. B-1
BOCA RATON FL 33434**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	GUNTHER, ARTHUR G	
STREET ADDRESS	15 SURREY ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	GUNTHER, SHARON L	
STREET ADDRESS	15 SURREY ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BILOTTI, JOSEPH J	
STREET ADDRESS	9045 LA FONTANA BLVD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 REQUIRED

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

Date

Daytime Phone #

3/17/03

CR2E083 (10/02)

30042471



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0993386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required