

# 2 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008712

1. Entity Name

WINDSOR CONSULTANCY SERVICES LLC

FILED

02 APR 29 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

941 FOURTH ST., #200M  
MIAMI BEACH FL 33139

Mailing Address

941 FOURTH ST., #200M  
MIAMI BEACH FL 33139

2. Principal Place of Business

1333 N. Duval St.

3. Mailing Address

1333 N. Duval St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Tallahassee, FL

City &amp; State

Tallahassee, FL

Zip

Country

32302

Zip

Country

32302

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

Name

Florida Filing &amp; Search Services, Inc.

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

1333 N. Duval St.

City

Tallahassee

FL

Zip Code

32302

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  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALMORAL MANAGEMENT LLC 400 7TH ST., NW WASHINGTON DC 20004	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005370067-3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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 #

Janet M. Caruccio

Auth. Rep.

4-24-02

302-421-5750

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**PH: (850) 668-4318 FX: (850) 668-3398**

---

DATE: 04-29-02

ACCOUNT NO: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

---

*Abbie Hodge*

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 33 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

*\$1650.00*

RECEIVED  
02 APR 29 PM 1:07  
DIVISION OF CORPORATION