

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

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90035 031 ****50.00

DOCUMENT # L01000003257

1. Entity Name

WESTWIND DEVELOPMENT, LLC

DO NOT WRITE IN THIS SPACE

933270

2. Principal Place of Business
2840 West Bay Drive

3. Mailing Address
2840 West Bay Drive

Suite, Apt. #, etc.
#267

Suite, Apt. #, etc.
#267

DO NOT WRITE IN THIS SPACE

City & State
Belleair Bluffs, FL

City & State
Belleair Bluffs, FL

4. FEI Number
59-3704009

Applied For
Not Applicable

Zip
33770

Country
US

Zip
33770

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Thomas C. Nash, II

Street Address (P.O. Box Number is Not Acceptable)
625 Court Street, Suite 200

City Clearwater **FL** **Zip Code** 33756

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME Jeffrey Chadwick
STREET ADDRESS 2849 West Bay Drive
CITY-ST-ZIP Belleair Bluffs, FL 33770

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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 #

CR2E083B (12/01)