

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90136 024 ****50.00

DOCUMENT #01000016420

1. Entity Name

WINDSCAPE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4236 Spoleto Circle, 202

Suite, Apt. #, etc.

3. Mailing Address

4236 Spoleto Circle, 202

Suite, Apt. #, etc.

City & State

Oviro, FL

Zip

32765

Country

City & State

Oviro, FL

Zip

32765

Country

4. FEI Number

59-3747483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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961776

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Casey G. Frudakis

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

4236 Spoleto Circle, 202

City

Oviro, FL 32765

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.

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

Casey G. Frudakis
4236 Spoleto Circle, 202
Oviro, FL 32765

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IN THIS SPACE**

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:

Casey G. Frudakis

CR2E083B (12/01)