

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000000808

1. Entity Name
FOUR WINDS HOLDINGS, LLC



Principal Place of Business
**1501 AIRWAY CIR
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**1501 AIRWAY CIR
NEW SMYRNA BEACH, FL 32168**



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**RAHM, JEFFREY A
1501 AIRWAY CIR
NEW SMYRNA BEACH, FL 32168**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **RAHM, JEFF**
STREET ADDRESS **1791 ARASH CR**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

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000000547445
05/12/06-80025-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 FOLLOWING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01-06-06

Date

386-428-0616

Daytime Phone #