

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90034 045 *****50.00

0037070

DOCUMENT # L02000002789

1. Entity Name

WIND KING, L.L.C.



Principal Place of Business

**6941 LAKE DEVONWOOD DRIVE
FT. MYERS, FL 33908**

Mailing Address

**6941 LAKE DEVONWOOD DRIVE
FT. MYERS, FL 33908**

2. Principal Place of Business

12141 CRYSTAL CONDO RD

3. Mailing Address

12141 CRYSTAL CONDO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

Zip

33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

03-0385904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LAMPERT, DANIEL ESQ.
200 SOUTH BISCAYNE BLVD.
SUITE 1000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

TITLE **HGR** ☐ Delete
NAME **BRUCE A. HOOVIS**
STREET ADDRESS **12141 CRYSTAL CONDO RD**
CITY-ST-ZIP **FORT MYERS, FL. 33912**

TITLE **HGR** ☐ Delete
NAME **EITAN BEN-JACOB**
STREET ADDRESS **5285 TRENHOLME**
CITY-ST-ZIP **MONTREAL, QBC. H4V 1Y4, CANADA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

PAID
CK NO. **1606**
DATE **4/14/03**

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

MBR

4/14/03

734-936-9900

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

Date

Daytime Phone #

CR2E083 (10/02)