

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90002 005 ****50.00

DOCUMENT # L02000009890

1. Entity Name
WESTWIND-CORKSCREW MINING, L.L.C.



Principal Place of Business
4099 TAMiami TRAIL NORTH, SUITE 305
NAPLES, FL 34103

Mailing Address
4099 TAMiami TRAIL NORTH, SUITE 305
NAPLES, FL 34103



02122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0502392

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FITZGERALD, WILLIAM E
4099 TAMiami TRAIL NORTH, SUITE 305
NAPLES, FL 34103

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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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANDLER, ASA 4099 TAMiami TRAIL NORTH, SUITE 305 NAPLES, FL 34103
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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: **WILLIAM E. FITZGERALD** **3.25.04** **239-262-3034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #