

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

503269900686
9/25/2003-90040-019-\$50.00-\$50.00

0018005

DOCUMENT # L02000009890

1. Entity Name

WESTWIND-CORKSCREW MINING, L.L.C.



FILED
Oct 23, 2003 8:00 A.M
Secretary of State

Principal Place of Business

Mailing Address

4099 TAMiami TRAIL NORTH, SUITE 305
NAPLES FL 34103

4099 TAMiami TRAIL NORTH, SUITE 305
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

68-050 20392

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

7. Name and Address of New Registered Agent

FITZGERALD, WILLIAM E

4099 TAMiami TRAIL NORTH, SUITE 305
NAPLES FL 34103

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE* **President**
NAME **Asa W. Candler**
STREET ADDRESS **4099 Tamiami Tr. N. Suite 305**
CITY-ST-ZIP **Naples FL 34103**

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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)(f), 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

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

9/19/03

Daytime Phone #

CR2E083 (4/03)