

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90036 017 ****50.00

DOCUMENT # L02000018207

1. Entity Name

ROSEWIND, LLC



Principal Place of Business

18 IMPERIAL PLACE

UNIT 1F

PROVIDENCE RI 02903

Mailing Address

18 IMPERIAL PLACE

UNIT 1F

PROVIDENCE RI 02903

2. Principal Place of Business

1114 17TH ST

Suite, Apt. #, etc.

3. Mailing Address

1114 17TH ST

Suite, Apt. #, etc.

City & State

VERO BEACH F

Zip

32960

Country

INDIAN RIVER

City & State

VERO BEACH F

Zip

32960

Country

INDIAN RIVER

4. FEI Number

13-4204009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAXTER, JEFF

15500 NEW BARN ROAD, SUITE 104

MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

FRANK SCHULT

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

1114 17TH ST

City

VERO BEACH

FL

Zip Code

32960

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 **MGRM** ☐ Delete
NAME **ALLURE HOMES OF THE TREASURE COAST, INC.**
STREET ADDRESS **1114 17TH ST.**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **MGRM** ☐ Delete
NAME **EDWARD BOYD ASSOCIATES, GP**
STREET ADDRESS **18 IMPERIAL PLACE UNIT 1F**
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

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

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

1/24/03
Date

Daytime Phone #

CR2E083 (10/02)