

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90407 002 ****50.00

DOCUMENT # L03000000082

1. Entity Name

FOUR WINDS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8320 HARDING AVE

3. Mailing Address

1861 N. FED. #155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

HOLLYWOOD FL

4. FEI Number

51-0439583

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33020

Country

BARBADOS

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANNA PASSALACQUA

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

1861 N. FEDERAL HWY #155

City

HOLLYWOOD FL

FL

Zip Code

33020

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

Anna Passalacqua
Signature, typed or printed name of registered agent and title if applicable

4/17/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
ANNA PASSALACQUA
1861 N. FED. HWY #155
HOLLYWOOD FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
FABRIZIO PASSALACQUA
1861 N. FED. HWY #155
HOLLYWOOD FL 33020

TITLE
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**DO NOT WRITE
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

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

Date

Daytime Phone #

954-924-0400

CR2E083B (12/02)