

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027843

1. Entity Name
SPIRIT WIND, LLC



Principal Place of Business

~~P.O. BOX 20438~~ Bill Jackson Blvd
TALLAHASSEE, FL 32310-0438

Mailing Address

P.O. BOX 20438
TALLAHASSEE, FL 32316

BK

FILED

07 APR 26 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

27-0064242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309

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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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME KASPER, ROBERT
STREET ADDRESS P.O. BOX 20438
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

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

4/26/07

Date

880-520-7898

Daytime Phone #