

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90070 044 \*\*\*\*50.00

**DOCUMENT # L03000029727**

1. Entity Name

TRADEWIND INTERIORS LLC



Principal Place of Business

G/O KARP & GENAUER, P.A.  
2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES FL 33134

Mailing Address

G/O KARP & GENAUER, P.A.  
2 ALHAMBRA PLAZA, SUITE 1202  
CORAL GABLES FL 33134

24016307



MOORE

CR2E083 (11/03)

2. Principal Place of Business

11450 Overseas Hwy  
Suite, Apt. #, etc.

3. Mailing Address

c/o Edward F Busch, CPA  
5800 Overseas Hwy, Suite 6  
Suite, Apt. #, etc.

City & State

Marathon FL

City & State

Marathon FL

Zip

33050

Country

Zip

33050

Country

4. FEI Number

98-0406657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDWARD F. BUSCH, CPA  
5800 OVERSEAS HIGHWAY, STE. 6  
MARATHON FL 33050

7. Name and Address of New Registered Agent

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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: President  
NAME: Vincent Adams  
STREET ADDRESS: c/o Edward F Busch CPA  
CITY-ST-ZIP: 5800 Overseas Hwy  
Marathon, FL 33050 ☐ Delete

TITLE:   
NAME:   
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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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

Date

Daytime Phone #

2/29/04 3057434599