

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90174 002 ****50.00

DOCUMENT # L03000042561

1. Entity Name
FOUR WINDS APARTMENTS, LLC



Principal Place of Business

~~6333 SUNSET DRIVE~~
~~SOUTH MIAMI, FL 33143~~

15221 SW 80ST Miami, FL 33143

Mailing Address

6333 SUNSET DRIVE
SOUTH MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE



02092005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

~~65-0684782~~ 65-1002868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAS, RAUL ESQ.
C/O SALAS, EDE, PETERSON & LAGE, L.L.C.
6333 SUNSET DRIVE
SOUTH MIAMI, FL 33143

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IN THIS SPACE**

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SANCHEZ, ALVARO
STREET ADDRESS 4890 S.W. 85 STREET
CITY-ST-ZIP MIAMI, FL-33143

TITLE
NAME
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CITY-ST-ZIP

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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)(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: *Alvaro Sanchez*

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

Date

Daytime Phone #

2/16/05 305 219-9959