

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000011201**

1. Entity Name  
**SHOREWINDS LLC**



Principal Place of Business  
**11501 SW 2ND ST  
PLANTATION, FL 33325**

Mailing Address  
**11501 SW 2ND ST  
PLANTATION, FL 33325**



01132007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0931814**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NIESET, JAMES R ESQ  
8740 D CROSSWINDS DR N.  
ST PETERSBURG, FL 33710**

**DO NOT WRITE  
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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
NIESET, STEPHEN M  
11501 SW 2 ST  
PLANTATION, FL 33325**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
LAFLAMME, THOMAS A  
1730 NE 18 AVE  
FORT LAUDERDALE, FL 33305**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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04/19/07-80043-012-50.00

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:** Stephen M. Niset **STEPHEN M. NIESET**

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

**4-7-07 954-325-7586**

Date

Daytime Phone #