

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000067331

1. Entity Name
BELLWIND ONE, LLC



Principal Place of Business
240 N. WICKHAM RD
SUITE 102
MELBOURNE, FL 32935

Mailing Address
240 N. WICKHAM RD
SUITE 102
MELBOURNE, FL 32935

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3351942	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FARID, MAGED
240 N. WICKHAM RD
SUITE 102
MELBOURNE, FL 32935

**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 reinstating)

DATE: _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000954122
07/10/08-80012-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FARID, MAGED 240 N. WICKHAM RD, SUITE 102 MELBOURNE, FL 32935
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Maged Farid 7/17/08 321-752-5210