

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000076177

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** WINDY RIDGE, LLC

**Current Principal Place of Business:**

15601 QUEENSFERRY DRIVE  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

15601 QUEENSFERRY DRIVE  
FT. MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 20-3257806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOFFMAN, VALARIE  
15601 QUEENSFERRY DRIVE  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ELIOT B. HOFFMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOFFMAN, ELIOT B  
Address: 15601 QUEENSFERRY DRIVE  
City-St-Zip: FT. MYERS, FL 33912

Title: MGR  
Name: HOFFMAN, VALARIE  
Address: 15601 QUEENSFERRY DRIVE  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ELIOT HOFFMAN, MD

MGR

04/25/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date