2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# L05000100247

Entity Name: SUMMERWIND HOLDINGS LLC

Current Principal Place of Business:

4581 WEST ROAD #132
WESTON, FL 33331 US

New Principal Place of Business:

4250 SW 59TH AVE
DAVIE, FL 33314 US

Current Mailing Address:

4581 WEST ROAD #132
WESTON, FL 33331 US

New Mailing Address:

PO BOX 848923
WESTON, FL 33331 US

FEI Number: 32-0162431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAUCARIA GROUP, INC.
4581 WEST ROAD #132
WESTON, FL 33331 US

Name and Address of New Registered Agent:

COROLLA, SAMUEL CARSON
4250 SW 59TH AVE
DAVIE, FL 33314 US

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: SAMUEL COROLLA 01/05/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ARAUCARIA GROUP, INC, .
Address: 4581 WEST ROAD #132
City-St-Zip: WESTON, FL 33331 US

Title: MGRM ( ) Delete
Name: COROLLA, SAMUEL CARSON
Address: PO BOX 848923
City-St-Zip: PEMBROKE PINES, FL 33084

Title: MGRM (X) Delete
Name: TURLEY, KIMBRA M
Address: 146 SEACLIFF DR.
City-St-Zip: APTOS, CA 95003

Title: MGRM (X) Delete
Name: MCCARTHY, STACY
Address: 13186 SKYLINE BLVD.
City-St-Zip: WOODSIDE, CA 94062

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COROLLA, SAMUEL CARSON
Address: PO BOX 848923
City-St-Zip: PEMBROKE PINES, FL 33084 US

Title: MGRM (X) Change ( ) Addition
Name: MCCARTHY, STACY
Address: 13186 SKYLINE BLVD.
City-St-Zip: WOODSIDE, CA 94062

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SAMUEL COROLLA MGMR 01/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date