

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 24, 2008 08:00 AM  
Secretary of State

DOCUMENT # L05000108277

1. Entity Name  
WINDRIDGE 26, LLC



Principal Place of Business  
3735 S.W. 8TH STREET, SUITE 105  
CORAL GABLES, FL 33134

Mailing Address  
3735 S.W. 8TH STREET, SUITE 105  
CORAL GABLES, FL 33134



04222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3778895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J  
100 W. CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE, FL 33309

**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  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CITY METRO, L.L.C.  
3735 S.W. 8TH STREET, SUITE 105  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000318364  
05/13/08-80080-006 138.75

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

CITY METRO, L.L.C  
BY: HECTOR ARAGON

4-22-08

Date

Daytime Phone #

305 569-0016