

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000006967

1. Entity Name

TRADEWINDS PROPERTIES, L.L.C.



Principal Place of Business

2468 BAYWOOD DRIVE W.
DUNEDIN, FL 34698-2013

Mailing Address

2468 BAYWOOD DRIVE W.
DUNEDIN, FL 34698-2013



04302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1268108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLSTEIN, KAREN
2468 BAYWOOD DRIVE W.
DUNEDIN, FL 34698-2013

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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

U00000939075
05/28/08-80014-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WOLSTEIN, KAREN DR
STREET ADDRESS	2468 BAYWOOD DRIVE W.
CITY- ST- ZIP	DUNEDIN, FL 346982013
TITLE	MGRM
NAME	WOLSTEIN, DAVID DR
STREET ADDRESS	503 BAYWOOD DRIVE S
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 # _____