2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 24, 2007 8:00 am Secretary of State

DOCUMENT # L06000089282 1. Entity Name WIND'S END LC							06-29-2007 90	-	
Principal Plac 8115 MAIN BOKEELIA, F		s	Mailing Address P.O. BOX 640 BOKEELIA, FL 33955			· † Remail	TIR BURNE UTGIF ABIRN ABIRN BRIET.	POINI INTER LATIN NEWS SHITT	8 F E T I
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06182007	Chg-LLC	CR2E083 (12/0	5)
City & State			City & State			4. FEI Numb	-056 0168		Applied For Not Applicable
Zip	Country		Zip	Zip Count		5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent	legistered Agent Name		7. Name an	d Address of New Re	gistered Agent	
LIGIBEL, 1 8115 MAIN BOKEELIA	1	55	-		Street Address	(P.O. Box Numb	ber is Not Acceptable)		
i		α	10	1	City			FL Zip Ci	ode
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 65ehl applicable. In OTE: Registered Agent agent agent and 65ehl applicable. OATE									
Fil Due 1	iing Fee i by Septer	s \$50.00 mber 14, 2007						check payable to Department of St	
9.	MGR	MANAGING MEMBE		10.			ADDITIONS/C		
HAME STREET ADDRESS	LIGIBEL, T. CRAIG		☐ Delete	NAME STREET ADDRESS				Ctange	e 🗀 Addition
CITY-ST-ZIP	P BOKEELIA, FL 33955			CITY-ST-ZIP					
NAME STREET ADDRESS			Delete	NAM STRE				Change	e 🗌 Addition
CITY-SI-ZIP TITLE NAME			☐ Oelele	TITLE NAME				☐ Change	Addition
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NAME STREET ADDRESS			☐ Delete		E Et address			Change	☐ Addition
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 fure and accurate and that rify signeture 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 employee dip executive this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: TO GOLD U-25 9									
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