

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095600

Entity Name: WYND, LLC

FILED  
Apr 12, 2009  
Secretary of State

**Current Principal Place of Business:**

681 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

720 N.E. 69TH STREET, NO. 19 NORTH  
MIAMI, FL 33138

**New Mailing Address:**

720 N.E. 69TH STREET  
SUITE 19 NORTH  
MIAMI, FL 33138

FEI Number: 20-5631513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOGLE, TIMOTHY M  
720 N.E. 69TH STREET  
SUITE 19N  
MIAMI, FL 33138 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KORNEEVA, IRINA  
Address: 720 NE 69TH ST APT 19 NORTH  
City-St-Zip: MIAMI, FL 33138

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KORNEEVA, IRINA  
Address: 720 NE 69TH ST APT 19 NORTH  
City-St-Zip: MIAMI, FL 33138

Title: MGR ( ) Change (X) Addition  
Name: HOGLE, TIMOTHY M  
Address: 720 NE 69TH ST APT 19 NORTH  
City-St-Zip: MIAMI, FL 33138

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: IRINA KORNEEVA

MGRM

04/12/2009

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