

LDL0000095600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

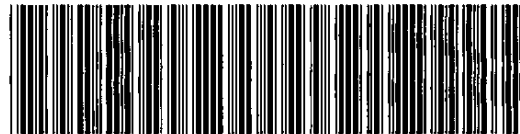
Special Instructions to Filing Officer:

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NOV - 5 2010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV - 4 PM 3:31

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WYND LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS D. STRATTON

Name of Person

STRATTON & FEINSTEIN, P.A.

Firm/Company

407 LINCOLN ROAD, SUITE 2A

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

timhogle@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS D. STRATTON

Name of Person

at (305)

672-7772

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STRATTON & FEINSTEIN, P.A.

email: douglas@strattonfeinstein.com

DOUGLAS D. STRATTON, ESQ.
BRETT FEINSTEIN, ESQ.
ALICIA ALMANSA ROMAN, ESQ.
RAMONA SINGH, ESQ.

407 Lincoln Road, Suite 2A
Miami Beach, FL 33139
Telephone (305) 672-7772
Toll Free (877) 464-7772
Facsimile (305) 672-1038

November 1, 2010

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

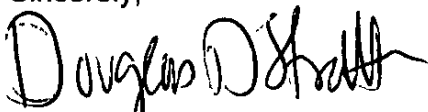
RE: WYND LLC RESIGNATION
MY FILE NO. 10-478

Dear Sirs:

Enclosed please find the following:

1. Resignation of Registered Agent.
2. Resignation of Managing Member.
3. Fees totaling \$50.00.

Sincerely,



DOUGLAS D. STRATTON, ESQ.

DDS:bjp
Enclosure

cc: client

FILED
10 NOV -4 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: WYND, LLC

2. (a) Principal office address of limited liability company: 720 NE 69 Street, No. 19N

☐ (Note: **MUST BE STREET ADDRESS**) Miami, FL 33138

(b) Mailing address of limited liability company: _____

☐ (Note: **MAY BE POST OFFICE BOX**) _____

3. Date of filing/registration in Florida _____ 4. Document number L06000095600

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Timothy M. Hogle

Registered Office Address: 720 NE 69 Street, No. 19N
Miami, FL 33138

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Douglas D. Stratton

NEW Registered Office Address: 407 Lincoln Road, Suite 2A
(MUST BE FLORIDA STREET ADDRESS) Miami Beach, FL 33139

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

IRINA KORNEEVA

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00