

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009019

FILED
Feb 05, 2009
Secretary of State

Entity Name: WINDING WAY, LLC

Current Principal Place of Business:

16 WILD GRAPE DRIVE
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

16 WILD GRAPE DRIVE
AMELIA ISLAND, FL 32034

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, ANDREW L
16 WILD GRAPE DRIVE
AMELIA ISLAND, FL 32034 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: PRES () Delete
Name: WALLACE, ANDREW L
Address: 16 WILD GRAPE DR.
City-St-Zip: AMELIA ISLAND, FL 32034

Title: SECR () Delete
Name: WALLACE, MARIANNE C
Address: 16 WILD GRAPE DR.
City-St-Zip: AMELIA ISLAND, FL 32034

Title: T () Delete
Name: WALLACE, MARIANNE C
Address: 16 WILD GRAPE DR.
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREW L WALLACE

PRES

02/05/2009

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