

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025602

FILED
Feb 22, 2009
Secretary of State

Entity Name: WINDWARD BUSINESS SOLUTION LLC

Current Principal Place of Business:

6371 COLLINS RD
505
JACKSONVILLE, FL 32244 US

Current Mailing Address:

6371 COLLINS RD
505
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

10550 BAYMEADOWS RD
926
JACKSONVILLE, FL 32256 US

New Mailing Address:

4548 NORTHWEST 114TH AVE
1701
MIAMI, FL 33178 US

FEI Number: 20-8588159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROCHESSETT, PHILLIP S
6371 COLLINS RD
505
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

TROCHESSETT, PHILLIP S
10550 BAYMEADOWS RD
926
JACKSONVILLE, FL 32256 US

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: PHILLIP S TROCHESSETT

02/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TROCHESSET, PHILLIP S
Address: 6371 COLLINS RD APT 505
City-St-Zip: JACKSONVILLE, FL 32244 US

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

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MENDES, PATRICIA G
Address: 4548 NORTHWEST 114TH AVE UNIT 1701
City-St-Zip: MIAMI, FL 33178 US

Title: S () Change (X) Addition
Name: TROCHESSET, PHILLIP S
Address: 10550 BAYMEADOWS RD APT 926
City-St-Zip: JACKSONVILLE, FL 32256 US

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: PATRICIA G MENDES

P

02/22/2009

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