

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000077688

Entity Name: BUNNELL WINDS LLC

**FILED**  
**Jun 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

18 UTILITY DR  
PALM COAST, FL 32135 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 354425  
PALM COAST, FL 32135

**New Mailing Address:**

FEI Number: 26-0620035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LIVINGSTON, JAY  
20 AIRPORT ROAD  
A  
PALM COAST, FL 32164 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  
Name: CLINE, SAMUEL E  
Address: P.O. BOX 625  
City-St-Zip: BUNNELL, FL 32110 US

Title: MGR  
Name: CLINE, DIANE J  
Address: P.O. BOX 262  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: MGR  
Name: SOWERS, SCOTT D  
Address: 1093 CR13  
City-St-Zip: BUNNELL, FL 32110 US

Title: MGR  
Name: CAMERON, CHARLES M JR  
Address: 25 WESTMAYER PLACE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

I hereby 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: TERI JACOBS

ASST

06/25/2012

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