

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093800

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** TRADE WINDS CONSULTING GROUP, LLC

**Current Principal Place of Business:**

210 SW HATTERAS COURT  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

210 SW HATTERAS COURT  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 26-1082664

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: MGRM  
Name: SHADE, PENN  
Address: 210 SW HATTERAS COURT  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM  
Name: SHADE, ALISON  
Address: 210 SW HATTERAS COURT  
City-St-Zip: PALM CITY, FL 34990

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: PENN F SHADE

MGRM

04/12/2012

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