

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097651

FILED
Mar 01, 2009
Secretary of State

Entity Name: WINDON BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

1645 DUNLAWTON AVE, #2621
PORT ORANGE, FL 32127

New Principal Place of Business:

1913 YELLOWFIN DRIVE
PORT ORANGE, FL 32128 US

Current Mailing Address:

PO BOX 291489
PORT ORANGE, FL 32129 US

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:

PEILEKE, KIMBERLY
1645 DUNLAWTON AVE, #2621
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

PEILEKE, KIMBERLY
1913 YELLOWFIN DRIVE
PORT ORANGE, FL 32128 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:

03/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEILEKE, KIMBERLY
Address: 1645 DUNLAWTON AVE, #2621
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEILEKE, KIMBERLY
Address: 1913 YELLOWFIN DRIVE
City-St-Zip: PORT ORANGE, FL 32128

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: KIMBERLY PEILEKE

MGRM

03/01/2009

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