

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 25 PM 11 25

DOCUMENT # L08000112863

1. Limited Liability Company's Name

WINDWARD PARTNERS, LLC

100111312863  
05/25/10-01009-007 \$277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #  
1410 Highway A-1-A

3. Mailing Office Address  
320 Brookside Road

Suite, Apt #, etc

Suite, Apt #, etc

City & State  
Vero Beach, FL

City & State  
Darien, CT

Zip 32963 Country USA

Zip 06820 Country USA

4. State/Country of Formation  
Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida 12/10/2008

6. FEI Number 26-3853917

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Rennick, Sandra G.

Street Address (P.O. Box Number is Not Acceptable)  
979 Beachland Boulevard

Suite, Apt #, Etc.

City Vero Beach

State FL Zip Code 32963

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

May 18, 2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DeChellis, Anthony J.	320 Brookside Road	Darien, CT 06820

REINSTATEMENT 2009, 2010

11. E-mail Address: anthony.dechellis@credit-suisse.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*Anthony J. DeChellis*

Date

May 18, 2010

Daytime Phone #

212-538-7078

Typed or printed name of signing Managing Member/Manager

Anthony J. DeChellis

T. Hampton MAY 26 2010