

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000021396

Entity Name: WYNDSCAPES JUMPERS, LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

20928 AUBURN LEAF TRAIL  
LAND O'LAKES, FL 34638

**New Principal Place of Business:**

20928 AUBURN LEAF TRAIL  
LAND O'LAKES, FL 34638 UN

**Current Mailing Address:**

P.O. BOX 2663  
LAND O'LAKES, FL 34639

**New Mailing Address:**

FEI Number: 45-2512586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOUTH, WILLIAM D SR  
20928 AUBURN LEAF TRAIL  
LAND O'LAKES, FL 34638 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: SOUTH, ANGELA H  
Address: 20928 AUBURN LEAF TRAIL  
City-St-Zip: LAND O'LAKES, FL 34638

Title: MGRM  
Name: SOUTH, WILLIAM D SR  
Address: 20928 AUBURN LEAF TRAIL  
City-St-Zip: LAND O'LAKES, FL 34638

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: WILLIAM SOUTH

MGRM

04/24/2012

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