

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003964**

1. Entity Name

WINDMILL PROPERTIES L.L.C.

Principal Place of Business

**12714 WEST SUNRISE BLVD..PMB 430
SUNRISE FL 33323**

Mailing Address

**1112 WESTON RD.
PMB 154
FT. LAUDERDALE FL 33326 - 1915**

FILED

01 JUL 10 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

HJH

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **AVNEY, MAYAA**
STREET ADDRESS **1112 WESTON RD.**
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **AVNEY, ELAN**
STREET ADDRESS **1112 WESTON RD.**
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

TITLE ☐ Change ☐ Addition
NAME **100004481501**
STREET ADDRESS **-07/17/01-01094-009**
CITY-ST-ZIP *******55.00 *****55.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **ELAN AVNEY MGR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-3-01 954-217-0204

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE