

1080000004517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

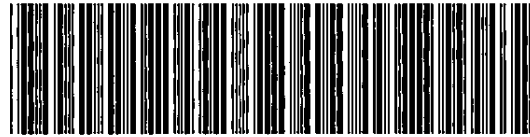
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Wrong form



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2012

WORLD WIDE WIND DEVELOPMENT LLC  
SEBASTIEN STUDER  
1471 STILLWATER DR.  
MIAMI BEACH, FL 33141

SUBJECT: WORLD WIDE WIND DEVELOPMENT LLC  
Ref. Number: M08000004577

We have received your document for WORLD WIDE WIND DEVELOPMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 112A00021312

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WORLD WIDE WIND DEVELOPMENT LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STUDER SEBASTIEN  
Name of Person

WORLD WIDE WIND DEVELOPMENT LLC  
Firm/Company

1471 STILLWATER DR  
Address

MIAMI BEACH FL 33141  
City/State and Zip Code

SEB. STUDER @ YAHOO.FR  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEBASTIEN STUDER at ( 713 ) 598 4157  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: WORLD WIDE WIND DEVELOPMENT LLC

2. (a) Principal office address of limited liability company: 1471 STILLWATER DR

(Note: MUST BE STREET ADDRESS)

MIAMI BEACH, FL 33141

(b) Mailing address of limited liability company: 1471 STILLWATER DR

(Note: MAY BE POST OFFICE BOX)

MIAMI BEACH, FL 33141

10/10/2008  
3. Date of filing/registration in Florida

108000004577  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

STUDER, SEBASTIEN

Registered Office Address:

1471 STILLWATER DR  
MIAMI BEACH, FL 33141

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

STUDER, SEBASTIEN

NEW Registered Office Address:

1471 STILLWATER DR

(MUST BE FLORIDA STREET ADDRESS)

MIAMI BEACH, FL 33141

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

SEBASTIEN STUDER  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
OCT - 1 AM 11:25  
TALLAHASSEE, FLORIDA  
CLERK OF STATE