

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030282

**FILED  
Apr 14, 2016  
Secretary of State  
CC6836010218**

**Entity Name:** WYNDALE ASSOCIATES OF FLORIDA, LLC

**Current Principal Place of Business:**

10133 GULF BLVD  
UNIT E-2  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

10133 GULF BLVD  
UNIT E-2  
TREASURE ISLAND, FL 33706

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

CALOMIRIS, GEORGE P  
10133 GULF BLVD  
UNIT E-2  
TREASURE ISLAND, FL 33706 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CALOMIRIS, GEORGE P  
Address 10133 GULF BLVD, UNIT E-2  
City-State-Zip: TREASURE ISLAND FL 33706

Title MEMBER / MANAGER  
Name CALOMIRIS, ARTEMIS N  
Address 10133 GULF BLVD  
UNIT E-2  
City-State-Zip: TREASURE ISLAND FL 33706

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GEORGE CALOMIRIS**

**MBR**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date