## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093152

Entity Name: GULF WINDS #202, LLC

\_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_\_,

**Current Principal Place of Business:** 

1018 MANATEE RD.

#202

NAPLES, FL 34114

**Current Mailing Address:** 

P.O. BOX 204

GOODLAND, FL 34140

FEI Number: 20-5369707 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARTWRIGHT, JERRY D 688 PALM AVENUE WEST GOODLAND, FL 34140 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

FILED Apr 28, 2015

**Secretary of State** 

CC0266340448

Authorized Person(s) Detail:

Title MGRM Title MGRM

NameCARTWRIGHT, JERRY DNameCARTWRIGHT, LISA JAddress688 PALM AVENUE WESTAddress688 PALM AVENUE WESTCity-State-Zip:GOODLAND FL 34140City-State-Zip:GOODLAND FL 34140

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: LISA CARTWRIGHT

MANAGING PARTNER

04/28/2015