

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094500

**FILED**  
**Feb 12, 2016**  
**Secretary of State**  
**CC4105480403**

**Entity Name:** TAILWIND PROPERTIES LLC

**Current Principal Place of Business:**

6149 KISSENGEN SPRINGS CT  
JACKSONVILLE, FL 32258-5136

**Current Mailing Address:**

6149 KISSENGEN SPRINGS CT  
JACKSONVILLE, FL 32258-5136 US

**FEI Number:** 27-1025803

**Certificate of Status Desired:** No

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

ANDREA, ROBERT A  
6149 KISSENGEN SPRINGS CT  
JACKSONVILLE, FL 32258-5136 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 MGRM  
Name ANDREA, ROBERT A  
Address 6149 KISSENGEN SPRINGS CT  
City-State-Zip: JACKSONVILLE FL 32258-5136

Title MGRM  
Name ANDREA, PAMELA B  
Address 6149 KISSENGEN SPRINGS CT  
City-State-Zip: JACKSONVILLE FL 32258-5136

Title MGRM  
Name ANDREA, ROBERT J  
Address 6149 KISSENGEN SPRINGS CT  
City-State-Zip: JACKSONVILLE FL 32258-5136

*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:** ROBERT A. ANDREA

**PRESIDENT**

**02/12/2016**

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

\_\_\_\_\_  
Date