

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000088282

**Entity Name:** TRADEWINDS INSURANCE CONSULTANTS LLC

**Current Principal Place of Business:**

2001 PALM BEACH LAKES BLVD  
SUITE 300L  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2001 PALM BEACH LAKES BLVD  
SUITE 300L  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 27-3301991

**Certificate of Status Desired:** No

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

RAMJATTANSINGH, VICTOR W  
2001 PALM BEACH LAKES BLVD.  
SUITE 300L  
WEST PALM BEACH, FL 33409 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 RAMJATTANSINGH, VICTOR W  
Address 2001 PALM BEACH LAKES BLVD.  
SUITE 300 L  
City-State-Zip: WEST PALM BEACH FL 33409

Title AUTHORIZED MEMBER  
Name RAMJATTANSINGH, SHABBENA  
Address 423 PUMPKIN DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** VICTOR W RAMJATTANSINGH

MGRM

03/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date