# that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JULIO M MACEIRA

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 9304 BAYWINDS DRIVE LLC **Current Principal Place of Business:** 

9857 BAYWINDS DRIVE 9304 WEST PALM BEACH, FL 33411

DOCUMENT# L13000074020

## **Current Mailing Address:**

2667 TREANOR TERRACE WELLINGTON, FL 33414

### FEI Number: 36-4764364

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

MACEIRA, JULIO M 2667 TREANOR TERRACE WELLINGTON, FL 33414 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

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### Authorized Person(s) Detail :

MGRM	Title	MGRM
MACEIRA, JULIO M	Name	MACEIRA, ANDREA O
2667 TREANOR TERRACE	Address	2667 TREANOR TERRACE
WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414
	MGRM MACEIRA, JULIO M 2667 TREANOR TERRACE	MGRMTitleMACEIRA, JULIO MName2667 TREANOR TERRACEAddress

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

MANAGER MEMBER

01/11/2015 Date

Date

FILED Jan 11, 2015 Secretary of State CC1526765546

Certificate of Status Desired: No