

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000089604

**Entity Name:** 39 SHORE WINDS LLC

**Current Principal Place of Business:**

4619 WAVILLE RD NE  
BEMIDJI, MN 56601

**Current Mailing Address:**

4619 WAVILLE RD NE  
BEMIDJI, MN 56601 US

**FEI Number:** 47-1022779

**Certificate of Status Desired:** No

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

WETHERINGTON HAMILTON, PA  
1010 N. FLORIDA AVE.  
TAMPA, FL 33602 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	Title	MEM
Name	LEE, MATTHEW	Name	LEE, DINA L
Address	4619 WAVILLE RD NE	Address	4619 WAVILLE RD NE
City-State-Zip:	BEMIDJI MN 56601	City-State-Zip:	BEMIDJU MN 56601

*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:** MATTHEW LEE

**MANAGER**

**02/02/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date