

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000277334

**Entity Name:** LONG-WINDED LLC

**Current Principal Place of Business:**

5375 ORTEGA FARMS BLVD  
812  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5375 ORTEGA FARMS BLVD  
812  
JACKSONVILLE, FL 32210 US

**FEI Number:** 85-3123855

**Certificate of Status Desired:** No

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

REINERS, KEATON  
5375 ORTEGA FARMS BLVD  
812  
JACKSONVILLE, FL 32210 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  
Name LEMON, CYRUS  
Address 8530 15TH AVE S  
City-State-Zip: BLOOMINGTON MN 55425

Title MGR  
Name REINERS, KEATON  
Address 5375 ORTEGA FARMS BLVD, 812  
City-State-Zip: JACKSONVILLE FL 32210

*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:** KEATON REINERS

MGR

01/31/2022

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

\_\_\_\_\_  
Date