

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057762

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** OCEAN'S BREEZE, L.L.C.

**Current Principal Place of Business:**

320 1ST STREET NORTH,  
#614  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 51559  
JACKSONVILLE BEACH, FL 322401559

**New Mailing Address:**

**FEI Number:** 20-2154701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KISNAD, HITEN  
320 1ST STREET NORTH  
#614,  
JACKSONVILLE BEACH, FL 32250 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KISNAD, HITEN  
Address: 320 1ST STREET NORTH, #614,  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM  
Name: KISNAD, NEETA  
Address: 320 1ST STREET NORTH, #614,  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HITEN KISNAD

MGRM

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date