

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028715

Entity Name: TRADEWINDS PLAZA, LLC

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

634 BARNES BOULEVARD  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 410686  
MELBOURNE, FL 32941

**New Mailing Address:**

FEI Number: 56-2332415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARAGOZLO, PATRICIA  
3903 POST RIDGE TRAIL  
MELBOURNE, FL 32935 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: CEO  
Name: BOLOGNA, SALVATORE E  
Address: P.O. BOX 410686  
City-St-Zip: MELBOURNE, FL 32940

Title: P  
Name: BOLOGNA, PAUL J  
Address: P.O. BOX 410686  
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM  
Name: BOLOGNA, PAUL J  
Address: P.O. BOX 410686  
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM  
Name: BOLOGNA-GARAGOZLO, PATRICIA E  
Address: P.O. BOX 410686  
City-St-Zip: MELBOURNE, FL 32940

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: PATRICIA E. BOLOGNA-GARAGOZLO

MGR

01/06/2010

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