

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025604

FILED
Apr 23, 2008
Secretary of State

Entity Name: COURTYARD CONSULTANTS, LLC

Current Principal Place of Business:

1417 SW OSPREY COVE
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1417 SW OSPREY COVE
PORT SAINT LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-0863315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROZA, JOHN ANGELO
1417 SW OSPREY COVE
PORT SAINT LUCIE, FL 34986 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 () Delete
Name: GROZA, JOHN ANGELO
Address: 1417 SW OSPREY COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGRM () Delete
Name: GROZA, PATRICIA A
Address: 1417 SW OSPREY COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGRM () Delete
Name: GROZA, JOHN ANTHONY
Address: 2074 SW CAPEADOR STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: MGRM () Delete
Name: SZARY, NICOLIA C
Address: 1326 SW BRIARWOOD DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GROZA, JOHN ANTHONY
Address: 2062 SW HAMPSHIRE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 A GROZA

MGRM

04/23/2008

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