

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025604

**FILED**  
**Apr 22, 2010**  
**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:**

511 SW PT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34953

**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 (X)**

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

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

**Title:** MGRM  
**Name:** GROZA, JOHN ANTHONY  
**Address:** 2062 SW HAMPSHIRE LANE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

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

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 A GROZA

MGR

04/22/2010

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