

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000031836

Entity Name: CONNAUGHT LOSE, LLC

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

**Current Principal Place of Business:**

3111 NORTH UNIVERSITY DRIVE, SUITE 115  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

3111 NORTH UNIVERSITY DRIVE, SUITE 115  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

FEI Number: 35-2230549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAZIN, DOUGLAS F  
7136 SPYGLASS AVENUE  
PARKLAND, FL 33076 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: PAZIN, DOUGLAS  
Address: 7136 SPYGLASS AVE  
City-St-Zip: PARKLAND, FL 33076 US

Title: MGRM  
Name: FRONZAGLIA, MATTHEW  
Address: 12068 NW 56TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM  
Name: PAZIN, JUDITH  
Address: 2351 MULLIGAN DR.  
City-St-Zip: LAKELAND, FL 33810 US

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: DOUGLAS PAZIN

PRES

03/18/2010

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