

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009143

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** ATLANTICBLUE HOSPITALITY (LAKEVILLE), LLC

**Current Principal Place of Business:**

122 E. TILLMAN AVENUE  
LAKE WALES, FL 338534130

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1318  
LAKE WALES, FL 338591318

**New Mailing Address:**

FEI Number: 20-8302884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALEXANDER, JD  
122 E. TILLMAN AVENUE  
LAKE WALES, FL 338534130 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: MGR  
Name: ALEXANDER, JD  
Address: PO BOX 1318  
City-St-Zip: LAKE WALES, FL 33859

Title: MGR  
Name: BUNCE, YVONNE  
Address: PO BOX 1318  
City-St-Zip: LAKE WALES, FL 33859

Title: MGR  
Name: SWEENEY, KARL  
Address: P.O. BOX 1318  
City-St-Zip: LAKE WALES, FL 33859

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: JD ALEXANDER

MGR

02/03/2010

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