

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065205

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Entity Name:** TARAGONA ENTERPRISE, LLC

**Current Principal Place of Business:**

6900 S. ORANGE BLOSSOM TRAIL  
SUITE 432  
ORLANDO, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

6900 S. ORANGE BLOSSOM TRAIL  
SUITE 432  
ORLANDO, FL 32909

**New Mailing Address:**

**FEI Number:** 75-3245191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOUCHENOT, SOPHIE  
% MINEOLA CONSULTING, INC.  
6900 S. ORANGE BLOSSOM TRAIL, #432  
ORLANDO, FL 32809 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:** LOCKWOOD, DAVID  
**Address:** 6900 S. ORANGE BLOSSOM TRAIL  
**City-St-Zip:** ORLANDO, FL 32909

**Title:** MGRM  
**Name:** LOCKWOOD, NATHALIE  
**Address:** 6900 S. ORANGE BLOSSOM TRAIL  
**City-St-Zip:** ORLANDO, FL 32909

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:** DAVID LOCKWOOD

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04/04/2010

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