

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000072219

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** TRADITIONS THOROUGHBREDS LLC

**Current Principal Place of Business:**

9130 GALLERIA CT  
SUITE 326  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1616 LEXINGTON AVE.  
MANSFIELD, OH 44907

**New Mailing Address:**

**FEI Number:** 26-3056249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HURDLE, KATHLEEN C  
887 GULF PAVILION DR.  
APT. 101  
NAPLES, FL 34108 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:** HURDLE, KATHLEEN C  
**Address:** 887 GULF PAVILION DR., APT. 101  
**City-St-Zip:** NAPLES, FL 34108

**Title:** MGRM  
**Name:** HURDLE, WILLIAM F  
**Address:** 887 GULF PAVILION DR., APT. 101  
**City-St-Zip:** NAPLES, FL 34108

**Title:** MGRM  
**Name:** DEAN, BRENDA K  
**Address:** 887 GULF PAVILION DR., APT. 101  
**City-St-Zip:** NAPLES, FL 34108

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:** KATHLEEN HURDLE

MGRM

04/08/2010

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