

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000034544

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

**Entity Name:** SEABREEZE EXECUTIVES, LLC

**Current Principal Place of Business:**

25 SEABREEZE AVENUE, #201  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

25 SEABREEZE AVENUE  
SUITE 302  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

25 SEABREEZE AVENUE, #201  
DELRAY BEACH, FL 33483

**New Mailing Address:**

25 SEABREEZE AVENUE  
SUITE 302  
DELRAY BEACH, FL 33483

**FEI Number:** 26-4763265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CFRA, LLC  
4221 W. BOY SCOUT BLVD., 10TH FLOOR  
CORPORATE CENTER THREE AT INTL PLAZA  
TAMPA, FL 336075736 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:** P  
**Name:** PAULOVITS, IMRE G P  
**Address:** 25 SEABREEZE AVE #302  
**City-St-Zip:** DELRAY BEACH, FL 33483

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:** IMRE G. PAULOVITS

P

06/08/2010

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