

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125321

FILED
Apr 27, 2009
Secretary of State

Entity Name: BROOKSVILLE SUNOCO LLC

Current Principal Place of Business:

18226 POWELL RD
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

5720 GALL BLVD
ZEPHYRHILLS, FL 33542

New Mailing Address:

5720 GALL BLVD
SUITE 1
ZEPHYRHILLS, FL 33542

FEI Number: 26-1587111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KP PROPERTIES, LLC
5720 GALL BLVD
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

KP ACCOUNTING AND TAX SERVICE INC
5720 GALL BLVD
ZEPHYRHILLS, FL 33542 US

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: KISHORE PETER

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PETER, SINDHYA
Address: 18426 POWELL RD
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGR () Delete
Name: KP PROPERTIES, LLC
Address: 5720 GALL BLVD
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETER, SINDHYA
Address: 18426 POWELL RD
City-St-Zip: BROOKSVILLE, FL 34604

Title: MGR (X) Change () Addition
Name: KP PROPERTIES LLC
Address: 5720 GALL BLVD, SUITE 1
City-St-Zip: ZEPHYRHILLS, FL 33542

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SINDHYA PETER

MGRM

04/27/2009

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