

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000049306**

1. Entity Name  
**SUNSET CENTRE, LLC**



Principal Place of Business  
**3903 POSTRIDGE TRAIL  
MELBOURNE, FL 32934**

Mailing Address  
**PO BOX 410686  
MELBOURNE, FL 32941**



01042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0751697**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOLOGNA-GARAGOZLO, PATRICIA E  
3903 POSTRIDGE TRAIL  
MELBOURNE, FL 32934**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PSP OF BREVARD, LLC PO BOX 410686 MELBOURNE, FL 32941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RRLS LLC 28 MARSHALL AVENUE FLORAL PARK, NY 11001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RTLD LLC 11 NANCY ROAD NANUET, NY 10954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KJVIERA, LLC 963 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000578250  
01/09/07-80022-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime phone #

*1/7/07 321 751 1570*