

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049304

**Entity Name:** ROYAL PALM PROFESSIONAL CENTRE, LLC**Current Principal Place of Business:**3903 POSTRIDGE TRAIL  
MELBOURNE, FL 32934**Current Mailing Address:**PO BOX 410686  
MELBOURNE, FL 32941**FEI Number:** 42-1697308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOLOGNA-GARAGOZLO, PATRICIA E  
3903 POSTRIDGE TRAIL  
MELBOURNE, FL 32934 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	PSP OF BREVARD, LLC
Address	PO BOX 410686
City-State-Zip:	MELBOURNE FL 32941

Title	MGRM
Name	RRLS LLC
Address	28 MARSHALL AVENUE
City-State-Zip:	FLORAL PARK NY 11001

Title	MGRM
Name	RTLD LLC
Address	11 NANCY ROAD
City-State-Zip:	NANUET NY 10954

Title	MGRM
Name	KJVIERA, LLC
Address	963 LOGGERHEAD ISLAND DRIVE
City-State-Zip:	SATELLITE BEACH FL 32937

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA E. BOLOGNA-GARAGOZLO**MANAGING MEMBER****01/17/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date