

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049306

**Entity Name:** SUNSET CENTRE, LLC

**Current Principal Place of Business:**

3903 POSTRIDGE TRAIL  
MELBOURNE, FL 32934

**Current Mailing Address:**

PO BOX 410686  
MELBOURNE, FL 32941

**FEI Number:** 02-0751697

**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 BOLOGNA-GARAGOZLO

MGRM

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date