

0010384

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000009417

1. Entity Name:
AT HOME OF BREVARD, LLC



FILED

03 OCT 20 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1351 DARROW ROAD SW PALM BAY FL 32908	Mailing Address 1351 DARROW ROAD SW PALM BAY FL 32908
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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9/30 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0584005	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FRESE, GARY B 330 S. HARBOR CITY BOULEVARD, SUITE 505 MELBOURNE FL 32901
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7. Name and Address of New Registered Agent Name Michael J. Cullen Street Address (P.O. Box Number is Not Acceptable) 1351 Darrow Rd SW City Palm Bay FL Zip Code 32908
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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 *Michael J. Cullen* DATE **9/23/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULLEN, MICHAEL J 3145 TILDEN ROAD, S.E. PALM BAY FL 32909 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULLEN, CHRISTINE M 3145 TILDEN ROAD, S.E. PALM BAY FL 32909 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael J. Cullen 1351 Darrow Rd SW Palm Bay FL 32908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cullen, Christine M. 1351 Darrow Rd SW Palm Bay FL 32908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael J. Cullen* DATE **9/23/03** DAYTIME PHONE # **321-676-6331**

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

CR2E083 (4/03)