

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000008939**

1. Entity Name  
**LIBERTY DEVELOPMENT OF BREVARD, LLC**



Principal Place of Business  
**1269 U.S. 1  
ROCKLEDGE, FL 32955**

Mailing Address  
**1269 U.S. 1  
ROCKLEDGE, FL 32955**



01032008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0558458**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**SPIEGEL & UTRERA, P.A.  
1840 S.W. 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	RAHAL, NICK N
STREET ADDRESS	1269 U.S. 1
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	MGR
NAME	MACIK, JOSEPH J
STREET ADDRESS	1269 U.S. 1
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	S
NAME	RAHAL, MELISSA M
STREET ADDRESS	1269 U.S. 1
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	T
NAME	MACIK, JONI KAY
STREET ADDRESS	1269 U.S. 1
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000776898  
01/09/08-80042-012 138.75

**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: Nick N. Rahal**

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

Date

Daytime Phone #

**321.633.0440**