

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # L04000025825

1. Entity Name
MEADOWBROOK LLC



Principal Place of Business
8275 SHORE SIDE LANE
MERRITT ISLAND, FL 32952

Mailing Address
P.O. BOX 410686
MELBOURNE, FL 32941



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0952023

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARAGOZLO, PATRICIA
3903 POST RIDGE ROAD
MELBOURNE, FL 32935

**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
BOLOGNA, SALVATORE E
P.O. BOX 410686
MELBOURNE, FL 32941

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BOLOGNA, PAUL J
P.O. BOX 410686
MELBOURNE, FL 32941

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GARAGOZLO, PATRICIA
P.O. BOX 410686
MELBOURNE, FL 32941

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000579301
01/10/07-80001-021 50.00

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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 #

1/6/07 321 757 1570