

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L05000042348**

1. Entity Name  
**PSP OF BREVARD, LLC**



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

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



01042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0791230**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

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

U00000579298  
01/10/07-80001-018 50.00

**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:** \_\_\_\_\_

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

Date

Daytime Phone #

1/6/07 3217511570