

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042348

Entity Name: PSP OF BREVARD, LLC

FILED  
Jan 09, 2011  
Secretary of State

**Current Principal Place of Business:**

3903 POSTRIDGE TRAIL  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 410686  
MELBOURNE, FL 32941

**New Mailing Address:**

FEI Number: 76-0791230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOLOGNA-GARAGOZLO, PATRICIA  
3903 POST RIDGE TRAIL  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOLOGNA, SALVATORE E  
Address: P.O. BOX 410686  
City-St-Zip: MELBOURNE, FL 32941

Title: MGRM  
Name: BOLOGNA-GARAGOZLO, PATRICIA  
Address: P.O. BOX 410686  
City-St-Zip: MELBOURNE, FL 32941

Title: MGRM  
Name: BOLOGNA, PAUL J  
Address: P.O. BOX 410686  
City-St-Zip: MELBOURNE, FL 32941

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PATRICIA E. BOLOGNA-GARAGOZLO

MGMR

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date