2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049306

Entity Name: SUNSET CENTRE, LLC

City-St-Zip:

SATELLITE BEACH, FL 32937

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934 **Current Mailing Address: New Mailing Address:** PO BOX 410686 MELBOURNE, FL 32941 FEI Number: 02-0751697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOLOGNA-GARAGOZLO, PATRICIA E 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PSP OF BREVARD, LLC, Name: Name: PO BOX 410686 Address: Address: City-St-Zip: MELBOURNE, FL 32941 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: RRLS LLC, Name: Address: 28 MARSHALL AVENUE Address: City-St-Zip: FLORAL PARK, NY 11001 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RTLD LLC, Name: Name: 11 NANCY ROAD Address: Address: City-St-Zip: NANUET, NY 10954 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition Name: KJVIERA, LLC, Name: 963 LOGGERHEAD ISLAND DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

City-St-Zip:

SIGNATURE: PAT GARAGOZLO MGR 01/05/2009