

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90032 034 ****50.00

DOCUMENT # L05000116496

1. Entity Name

SFM BREVARD, LLC



Principal Place of Business

2003 LAKE HOWELL LANE
MAITLAND FL 32751
US

Mailing Address

2003 LAKE HOWELL LANE
MAITLAND FL 32751
US



2. Principal Place of Business

233 Harrison Street

Suite, Apt. #, etc.

For

City & State

Titusville, FL

Zip

32780

Country

Brevard

3. Mailing Address

233 Harrison Street

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

32780

Country

Brevard

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-4464558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVAGLIO, FRANK S
2003 LAKE HOWELL LANE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 amending)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LOVAGLIO, FRANK S
STREET ADDRESS 2003 LAKE HOWELL LANE
CITY-ST-ZIP MAITLAND FL 32751

TITLE MGRM ☐ Delete
NAME Michael D. Allen
STREET ADDRESS 233 Harrison Street
CITY-ST-ZIP Titusville, FL 32

TITLE MGRM ☐ Delete
NAME David A. Allen
STREET ADDRESS 2003 Lake Howell Ln.
CITY-ST-ZIP Maitland, FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/06