

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073508

Entity Name: BRIAN GRASSO, LLC

FILED
Aug 27, 2007
Secretary of State

Current Principal Place of Business:

3092 GRACE STREET
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

3092 GRACE STREET
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 20-5335201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MULLINS, MIKE EA
2760 NOTTINGHAM COURT
TITUSVILLE, FL 32796 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:

Title: MGRM () Delete
Name: GRASSO, BRIAN
Address: 3092 GRACE STREET
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGRM () Delete
Name: WEILER, MARK
Address: 673 SAND PIPER CIRCLE
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: HABERKORN, JOSEPH
Address: 2162 DICKENS ST., NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BRIAN GRASSO

MGRM

08/27/2007

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