

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 14, 2008 08:00 AM  
Secretary of State

DOCUMENT # L06000080478

1. Entity Name  
DB & B OF BREVARD, LLC



Principal Place of Business  
1445 COLUMBIA LANE  
UNIT B  
MELBOURNE, FL 32904 US

Mailing Address  
P.O. BOX 1674  
MELBOURNE, FL 32902 US



02112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-8154940

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

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

SMITH, DAVID L  
1445 COLUMBIA LANE  
UNIT B  
MELBOURNE, FL 32904

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SMITH, DAVID L
STREET ADDRESS	P.O. BOX 1674
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	MGRM
NAME	WALL, BRIAN
STREET ADDRESS	P.O. BOX 1674
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	MGRM
NAME	YOUTZY, ROBERT
STREET ADDRESS	P.O. BOX 1674
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000827668  
02/21/08-80100-006 138.75

**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 #