

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000107412

1. Entity Name

VIERA OAKS PROFESSIONAL CENTER, LLC



Principal Place of Business

3903 POSTRIDGE TRAIL
MELBOURNE FL 32941

Mailing Address

P.O. BOX 410686
MELBOURNE FL 32941



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

14-1982343

Applied For

No: Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLOGNA-GARAGOZLO, PATRICIA E
3903 POSTRIDGE TRAIL
MELBOURNE FL 32941

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, type or print name of registered agent and file if applicable)

(NOTE: Registered Agent's signature required when changing agent)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME PSP OF BREVARD, LLC
STREET ADDRESS PO BOX 410686
CITY-ST-ZIP MELBOURNE FL 32941

TITLE ☐ Change ☐ Addition
NAME U00000801175
STREET ADDRESS 02/01/08-80007-024 138.75
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME RRLS LLC
STREET ADDRESS 28 MARSHALL AVE
CITY-ST-ZIP FLORAL PARK NY 11001

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

TITLE MGRM ☐ Delete
NAME KJ VIERA, LLC
STREET ADDRESS 963 LOGGERHEAD ISLAND DRIVE
CITY-ST-ZIP SATELLITE BEACH FL 32937

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

TITLE MGRM ☐ Delete
NAME RTLD, LLC
STREET ADDRESS 11 NANCY RD
CITY-ST-ZIP NANNETT NY 10954

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Signature Print Name

1/28/08 3268-5702