

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021685

FILED
Sep 17, 2009
Secretary of State

Entity Name: RENOVATION CONCEPTS OF BREVARD LLC

Current Principal Place of Business:

2402 LEGAY STREET
COCOA, FL 32926

New Principal Place of Business:

284 THOMAS BARBOUR DR
MELBOURNE, FL 32935

Current Mailing Address:

2402 LEGAY STREET
COCOA, FL 32926

New Mailing Address:

284 THOMAS BARBOUR DR
MELBOURNE, FL 32935

FEI Number: 33-1209190 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:

STANTON, MICHAEL
2402 LEGAY STREET
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: STANTON, MICHAEL
Address: 255 PARADISE BLVD. #33
City-St-Zip: INDIALANTIC, FL 32903

Title: MGR () Delete
Name: MAXWELL, KEITH
Address: 125 TERRY STREET
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: MAXWELL, KEITH
Address: 284 THOMAS BARBOUR DR.
City-St-Zip: MELBOURNE, FL 32935

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: KEITH MAXWELL

MRG

09/17/2009

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