2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2009
Secretary of State

DOCUMENT# L08000106778

Entity Name: FINANCIAL SOLUTIONS OF BREVARD, LLC

Current Principal Place of Business:

909 E. NEW HAVEN AVENUE
SUITE 214
MELBOURNE, FL 32901 US

New Principal Place of Business:

1900 SOUTH HARBOR CITY BLVD
SUITE #328
MELBOURNE, FL 32901 US

Current Mailing Address:

P.O. BOX 668
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

FONTANEZ, MIGDALIA I
909 E. NEW HAVEN AVENUE
SUITE 214
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

FONTANEZ, MIGDALIA I
1900 SOUTH HARBOR CITY BLVD
SUITE 328
MELBOURNE, FL 32901 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: MIGDALIA FONTANEZ 07/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FONTANEZ, MIGDALIA I
Address: 909 EAST NEW HAVEN AVENUE
City-St-Zip: MELBOURNE, FL 32901 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FONTANEZ, MIGDALIA I
Address: 1900 SOUTH HARBOR CITY BLVD SUITE 328
City-St-Zip: MELBOURNE, FL 32901 US

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: MIGDALIA FONTANEZ MGR 07/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date