

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000120468

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** SYLVIE BROWN & ASSOCIATES, LLC.

**Current Principal Place of Business:**

400 E. MERRITT AVE., SUITE C  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

400 E. MERRITT AVE., SUITE C  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

1385 CEPHEUS CT  
MERRITT ISLAND, FL 32953

**FEI Number:** 30-0707186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, SYLVIE  
1385 CEPHEUS COURT  
MERRITT ISLAND, FL 32953 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: MGRM  
Name: BROWN, SYLVIE  
Address: 1385 CEPHEUS COURT  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGR  
Name: BROWN, SYLVIE  
Address: 1385 CEPHEUS COURT  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby 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: SYLVIE BROWN

MGRM

01/16/2012

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