

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000088817

**Entity Name:** SOB OF BREVARD, LLC

**Current Principal Place of Business:**

249 5TH AVENUE  
INDIALANTIC, FL 32903

**Current Mailing Address:**

249 5TH AVENUE  
INDIALANTIC, FL 32903

**FEI Number:** 20-4863408

**Certificate of Status Desired:** No

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

PEPAJ, DJON  
249 5TH AVENUE  
INDIALANTIC, FL 32903 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | PRES                 | Title           | VP                   |
| Name            | PEPAJ, DJON PRES     | Name            | PEPAJ, MELINDA       |
| Address         | 249 5TH AVENUE       | Address         | 249 FIFTH AVENUE     |
| City-State-Zip: | INDIALANTIC FL 32903 | City-State-Zip: | INDIALANTIC FL 32903 |

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DJON PEPAJ

**MGR**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date