

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90227 017 \*\*\*\*50.00

**DOCUMENT # L01000003636**

1. Entity Name  
**SUNSET LARIOS L.L.C.**



Principal Place of Business  
**1195 N.W. 97TH AVENUE  
MIAMI FL 33172**

Mailing Address  
**1195 N.W. 97TH AVENUE  
MIAMI FL 33172**

2. Principal Place of Business  
**5859 SW 73 Street**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**South Miami FL**

City & State

4. FEI Number **65-1090225**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~ARBIDE, FRANCISCO J  
100 S.E. SECOND STREET  
MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name ~~Donald E. Kubit~~ **leave the one from before**  
Street Address (P.O. Box Number is Not Acceptable)  
~~100 Southeast Second Street~~  
**17th Floor**  
City ~~Miami~~ **FL** Zip Code **33131**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. **Correct Misspelling** ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	LARIOS, QUINTON	8475 SW 53 AVE	MIAMI FL 33143	<input type="checkbox"/>	<input type="checkbox"/>
MGR	LARIOS, MARIA	8475 SW 53 AVE	MIAMI FL 33143	<input type="checkbox"/>	<input type="checkbox"/>
MGR	PALESENDA, GONZALO	1195 NW 97 AVE	MIAMI FL 33172	<input type="checkbox"/>	<input type="checkbox"/>
MGR	CERRERAS, MARIA A	1195 NW 97 AVE	MIAMI FL 33172	<input type="checkbox"/>	<input type="checkbox"/>
MGR	MARTINEZ, DELIA	1195 NW 97 AVE	MIAMI FL 33172	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **SIGNATURE REQUIRED** Maria Carreiras 1/9/03 (305)662-5656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)