

04-07-2002 90067 029 \*\*\*\*50.00  
L01000006820

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUN 13 PM 4:42

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

DOCUMENT # **L01000006820**

1. Entity Name

**Sunset Views, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **Suite 300**  
**2514 Hollywood Blvd**  
Suite, Apt. #, etc.  
**Suite 300**  
City & State  
**Hollywood, FL**  
Zip  
**33020** Country  
**USA**

3. Mailing Address  
**P.O. Box 546916**  
Suite, Apt. #, etc.  
City & State  
**Surfside, Florida**  
Zip  
**33154** Country  
**USA**

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4. FEI Number **651040671** Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **IRA KAHN**  
Street Address (P.O. Box Number is Not Acceptable)  
**2514 Hollywood Blvd Ste 300**  
City **Hollywood, FL** FL Zip Code **33020**

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IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>JOSE F. PEDREIRA</b> <b>9441 Harding Avenue</b> <b>Surfside, FL 33154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>IRA KAHN</b> <b>2514 Hollywood Blvd Suite 300</b> <b>Hollywood, FL 33154</b>
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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: **Jose F. Pedreira, Manager** **3/20/02** **305-867-6141**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E033B (12/01)