

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000071304 1. Entity Name SUNSET WEST MEDICAL CENTER FUNDING, LLC	
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Principal Place of Business 999 PONCE DE LEON BOULEVARD STE 1000 CORAL GABLES, FL 33134	Mailing Address 999 PONCE DE LEON BOULEVARD STE 1000 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 11-3785051	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARLOS, THOMAS P
999 PONCE DE LEON BLVD, #1000
CORAL GABLES, FL 33134**

**DO NOT WRITE
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. 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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLOS FAMILY TRUST 999 PONCE DE LEON BLVD., #1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLOS PORPERTIES, LTD 999 PONCE DE LEON BLVD, #1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS PETER CARLOS REVOCABLE TRUST 999 PONCE DE LEON BLVD, #1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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ck 115 1/30/08

000000835260
02/29/08-80027-015 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Thomas P. Carlos* *1/30/08* *305 937 8911*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #