

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L00000012914**

1. Entity Name  
SUNSET VILLAS OF CHIEFLAND, LLC



Principal Place of Business  
516 LAKEVIEW RD., UNIT 8  
CLEARWATER, FL 33756-3302

Mailing Address  
516 LAKEVIEW RD., UNIT 8  
CLEARWATER, FL 33756-3302



01032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3679404

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FLYNN, THOMAS F  
516 LAKEVIEW RD., UNIT 8  
CLEARWATER, FL 33756-3302

**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 re-registering) 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  
FLYNN, THOMAS F  
516 LAKEVIEW RD., #8  
CLEARWATER, FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
FLYNN, KEVIN T  
516 LAKEVIEW RD #8  
CLEARWATER, FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000836726  
03/04/08-80029-002 143.75

**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:**

Kevin T. Flynn, Vice President

2/22/08

727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #