

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071304

Entity Name: SUNSET WEST MEDICAL CENTER FUNDING, LLC

Current Principal Place of Business:

90 EDGEWATER DRIVE
503
CORAL GABLES, FL 33133

Current Mailing Address:

90 EDGEWATER DRIVE
503
CORAL GABLES, FL 33133

FEI Number: 11-3785051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARLOS, THOMAS P
90 EDGEWATER DRIVE
503
CORAL GABLES, FL 33134 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 MGRM
Name CARLOS FAMILY TRUST
Address 90 EDGEWATER DRIVE 503
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name CARLOS PORPERTIES, LTD
Address 999 PONCE DE LEON BLVD, #1000
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name THOMAS PETER CARLOS
REVOCABLE TRUST
Address 90 EDGEWATER DRIVE 503
City-State-Zip: CORAL GABLES FL 33134

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS P CARLOS

MGR

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date