

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000118984

**FILED**  
**Jan 17, 2024**  
**Secretary of State**  
**7422845761CC**

**Entity Name:** 1493 SUNSET LLC

**Current Principal Place of Business:**

6800 GRANADA BOULEVARD  
C/O GIL HADDAD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

6800 GRANADA BOULEVARD  
C/O GIL HADDAD  
CORAL GABLES, FL 33146

**FEI Number:** 59-3521574

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KILPATRICK, RAYMOND E  
12321 ROCK GARDEN LANE  
MIAMI, FL 33156 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:** RAYMOND E KILPATRICK

01/17/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HADDAD, GIL  
Address 6800 GRANADA BOULEVARD  
City-State-Zip: CORAL GABLES FL 33146

Title AUTHORIZED MEMBER  
Name HADDAD, WELBOURNE  
Address 6800 GRANADA BOULEVARD  
City-State-Zip: CORAL GABLES FL 33146

Title AUTHORIZED MEMBER  
Name FRALEIGH, JACQUELINE WOODS  
HADDAD  
Address 6800 GRANADA BOULEVARD  
City-State-Zip: CORAL GABLES FL 33146

Title AUTHORIZED MEMBER  
Name KILPATRICK, JENNIFER  
Address 6800 GRANADA BOULEVARD  
City-State-Zip: CORAL GABLES FL 33146

*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:** GIL HADDAD

MGR

01/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date