

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000139858

**Entity Name:** TS-2 SUNSET, LLC

**Current Principal Place of Business:**

1130 WASHINGTON AVE 5TH FLOOR  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1130 WASHINGTON AVE 5TH FLOOR  
MIAMI BEACH, FL 33139 US

**FEI Number:** 46-3896859

**Certificate of Status Desired:** No

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

DAVID L. WRUBEL, CPA, PA  
1130 WASHINGTON AVE 5TH FLOOR  
MIAMI BEACH, FL 33139 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 BAGLIANI, CLAUDIO  
Address 110 WASHINGTON AVENUE  
UNIT 1324  
City-State-Zip: MIAMI BEACH FL 33139

Title MGRM  
Name MAGLI, MARCO  
Address 5 VIA DI SABBUIANO  
City-State-Zip: 40136 BOLOGNA, ITALY XX

Title MGRM  
Name RUGGIERI, PIERLUIGI  
Address VIA DI CASAGLIA 60/2  
City-State-Zip: 40135 BOLOGNA, ITALY XX

Title MGR  
Name CLAUDIO BAGLIANI PA  
Address 110 WASHINGTON AVE UNIT 1324  
City-State-Zip: MIAMI BEACH FL 33139

*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:** CLAUDIO BAGLIANI

MGRM

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date