

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000204719

Entity Name: SUNSET BAKERY LLC**Current Principal Place of Business:**8788 SW 72 ST
MIAMI, FL 33173**Current Mailing Address:**8788 SW 72 ST
MIAMI, FL 33173 US**FEI Number:** 35-2607847**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRANSACTION ADVISORS AND CONSULTANTS LLC
10261 SW 72ND ST, C 101
MIAMI, FL 33173 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 | MGR |
| Name | ALFONSO, ANTHONY |
| Address | 9505 SW 68 ST |
| City-State-Zip: | MIAMI FL 33173 |

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|-----------------|--------------------|
| Title | MGR |
| Name | ACOSTA, ANDREY E |
| Address | 8224 SW 81ST PLACE |
| City-State-Zip: | MIAMI FL 33173 |

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|-----------------|---------------------|
| Title | MGR |
| Name | ALFONSO, ADRIANA |
| Address | 7740 SW 70TH STREET |
| City-State-Zip: | MIAMI FL 33143 |

| | |
|-----------------|--------------------|
| Title | MANAGER |
| Name | ACOSTA, MICHELE |
| Address | 8224 SW 81ST PLACE |
| City-State-Zip: | MIAMI FL 33173 |

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: ANTHONY ALFONSO

MGR

03/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date