

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

| | | | | | |
|---|--|--|---|--|--|
| DOCUMENT # L01000003636 | | | | | |
| 1. Entity Name SUNSET LARIOS L.L.C. | | | | | |
| Principal Place of Business 5859 SW 73 STREET MIAMI, FL 33143 | | | Mailing Address 5859 SW 73 STREET MIAMI, FL 33143 | | |
| 2. Principal Place of Business - No P.O. Box # 5859 SW 73rd Street | | 3. Mailing Address 5859 SW 73rd Street | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State South Miami, FL | | City & State South Miami, FL | | 4. FEI Number 65-1090225 | |
| Zip 33143 | | Country U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KOLSKI, STEVE J 2600 DOUGLAS RD. SUITE 1109 CORAL GABLES, FL 33146 | | | 7. Name and Address of New Registered Agent Name Holland & Knight LLP Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite 3000 City Miami FL Zip Code 33131 | | |
| 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 <u>/s/ MICHELLE IMPAGLIA</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Amended AR is \$50.00 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LARIOS, QUINTIN 735 CALATRAVA AVENUE CORAL GABLES, FL 33143 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LARIOS, MARIA T 735 CALATRAVA AVENUE CORAL GABLES, FL 33143 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PALENZUELA, GONZALO J 1195 NW 97 AVE MIAMI, FL 33172 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CARRERAS, MARIA A 1195 NW 97 AVE MIAMI, FL 33172 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MARTINEZ, DELIA E 1195 NW 97 AVE MIAMI, FL 33172 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CARRERAS, MARIA A 1195 NW 97 AVE MIAMI, FL 33172 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CARRERAS, MARIA A 1195 NW 97 AVE MIAMI, FL 33172 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CARRERAS, MARIA A 1195 NW 97 AVE MIAMI, FL 33172 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CARRERAS, MARIA A 1195 NW 97 AVE MIAMI, FL 33172 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CARRERAS, MARIA A 1195 NW 97 AVE MIAMI, FL 33172 | <input checked="" type="checkbox"/> Delete | | | |
| 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: | | 12-06-07 | | 305-266-5494 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |

FILED

07 DEC 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1090225 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name Holland & Knight LLP
 Street Address (P.O. Box Number is Not Acceptable)
 701 Brickell Avenue
 Suite 3000
 City Miami FL Zip Code 33131

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 /s/ MICHELLE IMPAGLIA

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | LARIOS, QUINTIN | |
| STREET ADDRESS | 735 CALATRAVA AVENUE | |
| CITY-ST-ZIP | CORAL GABLES, FL 33143 | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | LARIOS, MARIA T | |
| STREET ADDRESS | 735 CALATRAVA AVENUE | |
| CITY-ST-ZIP | CORAL GABLES, FL 33143 | |

| | | |
|----------------|-----------------------|--|
| TITLE | MGR | <input checked="" type="checkbox"/> Delete |
| NAME | PALENZUELA, GONZALO J | |
| STREET ADDRESS | 1195 NW 97 AVE | |
| CITY-ST-ZIP | MIAMI, FL 33172 | |

| | | |
|----------------|-------------------|--|
| TITLE | MGR | <input checked="" type="checkbox"/> Delete |
| NAME | CARRERAS, MARIA A | |
| STREET ADDRESS | 1195 NW 97 AVE | |
| CITY-ST-ZIP | MIAMI, FL 33172 | |

| | | |
|----------------|-------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete |
| NAME | MARTINEZ, DELIA E | |
| STREET ADDRESS | 1195 NW 97 AVE | |
| CITY-ST-ZIP | MIAMI, FL 33172 | |

| | | |
|----------------|-----|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|------------------------------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 500113406305 | |
| CITY-ST-ZIP | 12/26/07--01050--022 **61.25 | |

| | | |
|----------------|------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------|---|
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

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

Date

Daytime Phone #