

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90078 038 ***138.75

DOCUMENT # L02000034490

1. Entity Name
SUNSET ONE BUILDING, L.L.C.



Principal Place of Business
**13643 DEERING BAY DRIVE
NO. 136
CORAL GABLES, FL 33158**

Mailing Address
**13643 DEERING BAY DRIVE
NO. 136
CORAL GABLES, FL 33158**

60000880



01062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1170863

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REISMAN, JOSEPH B
13643 DEERING BAY DRIVE
NO. 136
CORAL GABLES, FL 33158**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMBER
NAME	REISMAN, JOSEPH
STREET ADDRESS	13643 DEERING BAY DRIVE #136
CITY-ST-ZIP	CORAL GABLES, FL 33158
TITLE	MANAGING MEMBER
NAME	NORMA REISMAN
STREET ADDRESS	13643 DEERING BAY DRIVE #136
CITY-ST-ZIP	CORAL GABLES, FL 33158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Joseph B. Reisman **JOSEPH B. REISMAN** **1/7/08** **305 358 2600**

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

Date

Daytime Phone #