

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90150 002 ****50.00

DOCUMENT # L03000014622

1. Entity Name
SUNSET GULF, L.L.C.



Principal Place of Business
6025 CARLTON LAKES BLVD.
NAPLES, FL 34110

Mailing Address
6704 LONE OAK BLVD
NAPLES, FL 34109

400006143



2. Principal Place of Business
6704 LONE OAK BLVD

3. Mailing Address

01242005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
06-1717429

Applied For
Not Applicable

City & State
NAPLES, FL

City & State

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

Zip 34109 Country USA

Zip Country

6. Name and Address of Current Registered Agent

STERLING, JACK
6704 LONE OAK BLVD
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CLAUSSEN, ROBERT G
STREET ADDRESS 6025 CARLTON LAKES BLVD.
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6704 LONE OAK BLVD
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert G. Claussen Mgrm 1/27/05 239 596 9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #