

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-09-2008 90122 025 ***138.75

DOCUMENT # L03000016088 1. Entity Name SUNSET POINT CENTER L.L.C.					
Principal Place of Business 278 CRYSTAL GROVE BLVD. LUTZ, FL 33548			Mailing Address 278 CRYSTAL GROVE BLVD. LUTZ, FL 33548 312 S. BUNGALOW PARK TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 55-0841012	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LIVINGSTON, CLIFTON A 278 CRYSTAL GROVE BLVD. LUTZ, FL 33548			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIVINGSTON, CLIFTON A 278 CRYSTAL GROVE BLVD. LUTZ, FL 33548 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LORRAINE GENOVAR 312 S. BUNGALOW PARK TAMPA, FL 33609 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SOLE MEMBER MANAGING MEMBER ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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 606, Florida Statutes.					
SIGNATURE: <u>Lorraine Genovar</u> MGRM 4/8/08 (813) 879-3474 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
MANAGING MEMBER					

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