

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # **LC3000026512**

1. Entity Name

SUNSET KEY PROPERTIES, LLC



Principal Place of Business

**PMB 450, 445 SL 13, # 26
JACKSONVILLE FL 32259**

Mailing Address

**PMB 450, 445 SL 13, # 26
JACKSONVILLE FL 32259**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

45-0518756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JIMENEZ, MARCIA
PMB 450, 445 SL 13, # 26
JACKSONVILLE FL 32259**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
JIMENEZ, MARCIA
PMB 450, 445 SL 13, # 26
JACKSONVILLE FL 32259**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000300619
04/12/05-80030-002 50.00

☐ Change ☐ Addition

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CITY-ST-ZIP

**MGRM
JIMENEZ, MAURICIO
PMB 450, 445 SL 13, # 26
JACKSONVILLE FL 32259**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Marcia Jimenez
Marcia Jimenez

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

4-6-05

904 287-9760

DATE

Daytime Phone #