2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 20, 2006 8:00 am **Secretary of State DOCUMENT #L03000027152** 01-20-2006 90047 034 ****50.00 1. Entity Name SUNSETS, LLC Mailing Address Principal Place of Business գսսսս--**6 SUNSET TERRACE 6 SUNSET TERRACE** DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/05) 01162006 Chg-LLC Applied For City & State City & State **NOT APPLICABLE** Not Applicable Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARETTELLA, MARK B Street Address (P.O. Box Number is Not Acceptable) **6 SUNSET TERRACE** DAYTONA BEACH, FL 32118 Zip Code City 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) Make check payable to Filing Fee is \$50.00 Due by May 1, 2008 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☑ Change ☐ Addition TXTI F ☐ Delete τπιF MGRM Barettella, Wendy A. NAME BARETTELLA, WENDY A NAME 6 Sunset Terrace Saytona Beach Fr STREET ADDRESS **6 SUNSET TERRACE** STREET ADDRESS 32118 CITY-ST-ZIP DAYTONA BEACH, FL 32118 Crty-ST-ZIP MGR TITLE Change ☐ Addition ☐ Delete TITLE Barettella, Mark B. NAME NAME 6 Sunset terrace STREET ADDRESS STREET ADDRESS DaytonaBeach FL 32118 CITY-ST-ZIP CETY-ST-7IP TITLE ☐ Change ■ Addition ☐ Delete TIDE NAME STREET ADORESS STREET ATMIRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TIBLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NATIGIE AND TYPED OR PROTED NAME OF RIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

(386)290-7886

Daytime Phone #

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