

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000028560

1. Entity Name
RHNC@SUNSET LLC



Principal Place of Business
**7400 N.W. 7TH STREET, SUITE 101
MIAMI, FL 33126**

Mailing Address
**7400 N.W. 7TH STREET, SUITE 101
MIAMI, FL 33126**



04042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2230462

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NAYA, LUIS E
7400 N.W. 7TH STREET, SUITE 101
MIAMI, FL 33126**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NAYA, LUIS E
STREET ADDRESS	7400 N.W. 7TH STREET, SUITE 101
CITY-STATE-ZIP	MIAMI, FL 33126
TITLE	MGR
NAME	CALIL, EDUARDO A
STREET ADDRESS	7400 N.W. 7TH STREET, SUITE 101
CITY-STATE-ZIP	MIAMI, FL 33126
TITLE	MGR
NAME	ISAIAS, LUIS
STREET ADDRESS	7400 N.W. 7TH STREET, SUITE 101
CITY-STATE-ZIP	MIAMI, FL 33126
TITLE	MGR
NAME	ZALAUQUETT, ANDRESS
STREET ADDRESS	7400 N.W. 7TH STREET, SUITE 101
CITY-STATE-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/29/06-80232-007 50.00

**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 606, Florida Statutes.

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

4/12/06. 305-265-7177
Date City/State/Phone #