

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000093645

1. Entity Name  
SUNSET-KING LLC



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT -8 PH 3: 30

Principal Place of Business  
2758 SUMMERDALE DRIVE  
CLEARWATER, FL 33761

Mailing Address  
2758 SUMMERDALE DRIVE  
CLEARWATER, FL 33761

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

09282007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-2076312

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

SMART, DAVID  
2758 SUMMERDALE DRIVE  
CLEARWATER, FL 33761

Name

Harold Barian

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

504 Lillian Drive

City

Madiera Beach FL

Zip Code

33708

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

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR  
NAME SMART, DAVID  
STREET ADDRESS 2758 SUMMERDALE DRIVE  
CITY-ST-ZIP CLEARWATER, FL 33761 ☒ Delete

TITLE  
NAME  
STREET ADDRESS 200110281962  
CITY-ST-ZIP 10/04/07--01050--005 \*\*155.00 ☐ Change ☐ Addition

TITLE MGRM  
NAME BARIAN, HAROLD  
STREET ADDRESS 504 LILLIAN DRIVE  
CITY-ST-ZIP MADEIRA BEACH, FL 33708 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
NAME MARY YONTECK TRUST  
STREET ADDRESS C2831 LANDOVER DRIVE  
CITY-ST-ZIP CLEARWATER, FL 33761 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

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

Date

Daytime Phone #

REINSTATEMENT  
2007  
BLT

10/13/07 727-397-7234