

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90013 043 ****50.00

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| DOCUMENT # L04000093992 | | | |
| 1. Entity Name SUNSET INVESTMENT, LLC | | | |
| Principal Place of Business 1154 HAVENDALE BLVD WINTER HAVEN, FL 33883 | | Mailing Address P.O. BOX 3906 WINTER HAVEN, FL 33883 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address P.O. BOX 3096 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State WINTER HAVEN, FL | |
| Zip | | Zip 33885 | |
| Country | | Country | |
| 4. FEI Number 20-2016173 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SWAIN, BRIAN K 1154 HAVENDALE BLVD WINTER HAVEN, FL 33881 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City FL | |
| Zip Code | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SWAIN, BRIAN K P.O. BOX 3906 WINTER HAVEN, FL 33883 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.O. BOX 3096 WINTER HAVEN, FL 33885 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes. | | | |
| SIGNATURE: | | BRIAN K. SWAIN | |
| | | 7-9-07 | |
| | | 863-299-9019 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | |
| | | Daytime Phone # | |