04-30-2008 90034 039 ***138.75
L05000012888

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 MAY 19 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000012888

1. Entity Name
SUNSET SERVICE REAL ESTATE LLC

Principal Place of Business	Mailing Address
9490 S.W. 72 STREET MIAMI, FL 33173	9490 S.W. 72 STREET MIAMI, FL 33173

04252008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #: 8590 SW 8th ST.		3. Mailing Address: 8590 SW 8th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.: Miami	
City & State: Miami Fla		City & State: Miami Fla 33144	
Zip: 33144	Country: USA	Zip: 33144	Country: USA

4. FEI Number: 20-4752202 ☐ 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
AYALA, MARTHA I 15242 SW 36 TERRACE MIAMI, FL 33185	Name: Ayala, Martha I Street Address (P.O. Box Number is Not Acceptable): 8590 SW 8th ST. City: Miami FL Zip Code: 33144

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: AYALA, MARTHA I STREET ADDRESS: 15242 S.W. 36TH TERRACE CITY-ST-ZIP: MIAMI, FL 33185	☐ Delete	TITLE: MGRM NAME: Ayala, Martha I STREET ADDRESS / CITY-ST-ZIP: 8590 SW 8th St. Miami FL 33144	☒ Change ☐ Addition
TITLE: MGRM NAME: OBANDO, JOHN J STREET ADDRESS: 325 S. BISCAYNE BLVD., APT. 2923 CITY-ST-ZIP: MIAMI, FL 33131	☐ Delete	TITLE: MGRM NAME: Obando, John STREET ADDRESS: 8590 SW 8th St. CITY-ST-ZIP: Miami Fla 33144	☒ 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 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

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] 04-23-08 7864433513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #