

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000042165

**FILED**  
**Sep 06, 2007**  
**Secretary of State**

**Entity Name:** SUNSET HOLDING COMPANY, LLC

**Current Principal Place of Business:**

1726 SE 44TH TERRACE  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1726 SE 44TH TERRACE  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BLOUNT, JAMES E  
1726 SE 44TH TERRACE  
CAPE CORAL, FL 33904 US

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.

SIGNATURE: JAMES E BLOUNT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BLOUNT, JAMES E  
Address: 1726 SE 44TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR (X) Delete  
Name: OLIVIER, DAVID  
Address: 1726 SE 44TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES E BLOUNT

CEO

09/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date