

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054462

Entity Name: CORAL SUNSET, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

2071 TANGLEWOOD LANE
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

2071 TANGLEWOOD LANE
DELAND, FL 32720

New Mailing Address:

FEI Number: 20-3247952 FEI Number Applied For () FEI Number Not Applicable () 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:

FORBES, BRET A
2071 TANGLEWOOD LANE
DELAND, FL 32720 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: FORBES, BRET A
Address: 2091 TANGLEWOOD LANE
City-St-Zip: DELAND, FL 32720

Title: MR. () Delete
Name: GOMEZ, THOMAS JR.
Address: 479 POWELL AVE
City-St-Zip: LITTLE TORCH KEY, FL 33042 US

Title: MR. () Delete
Name: KRAUSE, RUDY G
Address: 26351 OLD STATE ROAD
City-St-Zip: RAMROD KEY, FL 33042 US

ADDITIONS/CHANGES:

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

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: BRET A FORBES

BAF

05/01/2009

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