

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000061372

Entity Name: 40 SUNSET COVE, LLC

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11565 SE 179TH LOOP  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

11565 SE179TH LOOP  
SUMMERFIELD, FL 34491

**New Mailing Address:**

11565 SE 179TH LOOP  
SUMMERFIELD, FL 34491

FEI Number: 13-4301789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RAPHEL, ROBERT D  
11565 SE 179TH LOOP  
SUMMERFIELD, FL 34491 US

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

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: MGR  
Name: RAPHEL, ROBERT D  
Address: 11565 SE 179TH LOOP  
City-St-Zip: KEY WEST, FL 34491

I hereby 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: ROBERT D RAPHEL

MGR

02/01/2012

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