2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000078816

SUNSET INVESTMENT AND DEVELOPMENT GROUP,

L.L.C.

Principal Place of Business

5835 BLUE LAGOON R. #200. 100

MIAMI, FL 33126 US



Mailing Address

5835 BLUE LAGOON R. #20Q 100

MIAMI, FL 33126 US

FILED May 23, 2008 8:00 am Secretary of State

05-23-2008 90160 008 ***138.75

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04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
20-3309479	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUERAS, JUAN C 5835 BLUE LAGOON DR. 200

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MIAMI, FL	33126	IN THIS SPACE
The above the obligat	named entity submits this statement for the purpose of changing its registerions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature action or printed name of registered agent and title if applicable. (NOTE: Registered	d Agent signature required when reinstating) DATE
	NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	o Agon agriquire required when reinstating)
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FIGUERAS JUAN C SECR 5835 BLE PAGOON DRIVE #200 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

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:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANY . C. OR AUTHORIZED REPRESENTATIVE

Daytime Phone #