

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90102 018 ***138.75

DOCUMENT # L05000084568 1. Entity Name SUNSET INVESTMENTS, LLC			
Principal Place of Business 3191 CORAL WAY SUITE 624 MIAMI, FL 33145		Mailing Address 3191 CORAL WAY SUITE 624 MIAMI, FL 33145	
2. Principal Place of Business - No P.O. Box # 2828 CORAL WAY Suite, Apt. #, etc. 308		3. Mailing Address 2828 CORAL WAY Suite, Apt. #, etc. 308	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33145		Zip 33145	
Country USA		Country USA	
4. FEI Number 20-4091423		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MELO, PAULO 3191 CORAL WAY SUITE 624 MIAMI, FL 33145		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY # 308 City MIAMI FL Zip Code 33145	
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MELO, PAULO 3191 CORAL WAY #624 CORAL GABLES, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HELO, PAULO 2828 CORAL WAY # 308 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELO, EDWARD 3191 CORAL WAY #624 CORAL GABLES, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2828 CORAL WAY # 308 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELO, EDWARD 3191 CORAL WAY #624 CORAL GABLES, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2828 CORAL WAY # 308 MIAMI, FL 33145
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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: <u><i>Paulo Melo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>2/22/2008</u>	Daytime Phone #: <u>305 567 1163</u>