

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000094473

1. Entity Name
SUNSET ACQUISITIONS GROUP, LLC



Principal Place of Business
27 NORTH SUMMERLIN AVENUE
ORLANDO, FL 32801 US

Mailing Address
27 NORTH SUMMERLIN AVENUE
ORLANDO, FL 32801 US



04152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3528377

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONE, STEPHEN M ESQUIRE
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000932131
05/22/08-80042-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JAFFER, SADIQUE
STREET ADDRESS	790 SUMMA AVENUE
CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	MGRM
NAME	LUTHRA, VIJAY
STREET ADDRESS	27 NORTH SUMMERLIN AVENUE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGRM
NAME	ROTH, JAMES JR
STREET ADDRESS	27 NORTH SUMMERLIN AVE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	MGRM
NAME	LUTHRA, RITA
STREET ADDRESS	27 NORTH SUMMERLIN AVE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-08

Date

407-649-9888 x134

Daytime Phone #