

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-09-2008 90061 001 ***138.75

DOCUMENT # L06000030732

1. Entity Name
SUNSET PARK LLC



Principal Place of Business
**411 BRYN DU DR.
GRANVILLE, OH 43023**

Mailing Address
**411 BRYN DU DR.
GRANVILLE, OH 43023**

DO NOT WRITE IN THIS SPACE



04162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
84-1707882

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TORRENCE, J. PAT
7511 ALTALOMA ST.
TAMPA, FL 33625**

**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's signature required when reappointing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TORRENCE, J. PAT
411 BRYN DU DR.
GRANVILLE, OH 43023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HOOD, MARY
3505 RUE DE FLEUR
COLUMBUS, OH 43221**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

6/1/08 740-587-1894