

DOCUMENT# L06000066580

Entity Name: D.S.M. STATE OF SUN CONSULTING, L.L.C.

New Principal Place of Business:**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FBI Number Not Applicable ()

Certificate of Status Desired ()

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 () Delete
Name: CARRETA, DONATO
Address: 4340 SHERIDAN STREET SECOND FL
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DONATO CARRETTA

MGR

02/06/2007

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