



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90264 024 \*\*\*150.00

<b>DOCUMENT # L06000066580</b> 1. Entity Name D.S.M. STATE OF SUN CONSULTING, L.L.C.					
Principal Place of Business 4340 SHERIDAN STREET SECOND FL HOLLYWOOD, FL 33021			Mailing Address 4340 SHERIDAN STREET SECOND FL HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # 9999 NE 2ND AVE Suite, Apt. #, etc. 218		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI SHORES FL		City & State		4. FEI Number APPLIED FOR 20-4164349	
Zip 33138 Country USA		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIARATO, UGO V 12000 DISCAYNE BLVD #507 MIAMI FL 33184				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9999 NE 2ND AVE - STE 218 City MIAMI SHORES FL Zip Code 33138	
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 <i>Ugo Chiarato</i> DATE 03/14/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRETA, DONATO 4340 SHERIDAN STREET SECOND FL HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9999 NE 2ND AVE - STE 218 MIAMI SHORES FL 33138	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Ugo Chiarato</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			03/14/08 (305) 899.5099 <small>Date Daytime Phone #</small>		