## 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L06000118657

Entity Name: SUNSET CELL GROUP, LLC

FILED Dec 18, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

10813 NW 29 ST MIAMI, FL 33172

**Current Mailing Address: New Mailing Address:** 

10813 NW 29 ST MIAMI, FL 33172

FEI Number: 20-8035099 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

B & G LEZAMA GROUP, LLC 10661 NORTH KENDAL DR. **SUITE# 220** MIAMI, FL 33176 US

MANAGING MEMBERS/MANAGERS:

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES:

MGRM Title: **PRES** (X) Change ( ) Addition () Delete SUNSET CELL SOLUTION, S, INC. ALZATE, ROBERTO C Name: Name: 10813 NW 29 ST Address: 10813 NW 29 ST Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: DORAL, FL 33172

Title: MGRM ( ) Delete Title: (X) Change ( ) Addition SKAL CORP, Name: SCARICACIOTTOLI, PABLO A Name: Address: 12907 SW 64TH LANE Address: 10813 NW 29TH STREET

City-St-Zip: MIAMI, FL 33183 City-St-Zip: DORAL, FL 33172 Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

TOTTY, LLC, Name: SUNSET CELL SOLUTION, S, CORP Name: 10813 NW 29TH STREET Address: 14757 SW 9 LANE Address: City-St-Zip: MIAMI, FL 33194 City-St-Zip: MIAMI, FL 33172

Title: TRS ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: OSORIO, FABIO Name: SKAL CORP. 10813 NW 29 STREET 12907 SW 64TH LANE Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33183

Title: () Delete Title: MGRM ( ) Change (X) Addition

TOTTY LLC, Name: Name: 14757 SW 9 LANE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33194

Title: () Delete Title: ( ) Change (X) Addition

OSORIO, FABIO Name: Name: Address: Address: 10813 NW 29TH STREET DORAL, FL 33172 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERTO C. ALZATE **PRES** 12/18/2008