

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90032 045 ***138.75

DOCUMENT # L07000012394

1. Entity Name

SUNSET STABLES, LLC



Principal Place of Business

8461 LAKE WORTH ROAD
SUITE 228
LAKE WORTH FL 33467

Mailing Address

8461 LAKE WORTH ROAD
SUITE 228
LAKE WORTH FL 33467



2. Principal Place of Business - No P.O. Box #

12537 Equine Lane

Suite, Apt. #, etc.

3. Mailing Address

12537 Equine Lane

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Wellington, FL

Zip
33414

Country
USA

City & State

Wellington, FL

Zip
33414

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, ANDREW
8461 LAKE WORTH ROAD
SUITE 228
LAKE WORTH FL 33467

Sunset Stables, LLC
3280 Fairlane Farms Road
Wellington, FL 33414

12537 Equine Lane
Wellington, FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 ANDREW COHEN

Andrew Cohen

4-24-08

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

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME COHEN, ANDREW
STREET ADDRESS 8461 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH FL 33467

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ANDREW COHEN
Sunset Stables, LLC
3280 Fairlane Farms Road
Wellington, FL 33414

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ANDREW COHEN

Andrew Cohen

4-24-08

732 672 0847

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

Date

Daytime Phone #