


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90334 014 ***138.75

DOCUMENT # L07000038261	
1. Entity Name LL & G SUNSET, LLC	

Principal Place of Business 3518 VALLEYVIEW DR. KISSIMMEE, FL 34746	Mailing Address 3518 VALLEYVIEW DR. KISSIMMEE, FL 34746
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60013404



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 20 N. ORANGE Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 600	
City & State		City & State ORLANDO, FLORIDA	
Zip	Country	Zip	Country
		32801	USA

02152008 Chg-LLC CR2E083 (12/06)


6. Name and Address of Current Registered Agent NUNEZ, JUAN 3518 VALLEYVIEW DRIVE KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name Hendry, Stoner, Calandrino + Brown, P.A. Street Address (P.O. Box Number is Not Acceptable) 20 N. Orange Avenue, Suite 600 City Orlando FL Zip Code 32801	
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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. Hendry, Stoner, Calandrino + Brown SIGNATURE 9. J. Stoner Brown DATE 2/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUNEZ, JUAN 3518 VALLEYVIEW DRIVE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 2/22/08	Daytime Phone #
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