

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040020

FILED  
Jan 25, 2008  
Secretary of State

Entity Name: SUNSET MOBILE HOME RESALES, LLC

**Current Principal Place of Business:**

84 WEST LANE  
LAKE ALFRED, FL 33850

**New Principal Place of Business:**

84 WEST LANE  
LAKE ALFRED, FL 33850 US

**Current Mailing Address:**

167 CYPRESS WAY  
LAKE ALFRED, FL 33850

**New Mailing Address:**

167 CYPRESS WAY  
LAKE ALFRED, FL 33850 US

FEI Number: 35-2295449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEGRAND, KATHARINE C  
167 CYPRESS WAY  
LAKE ALFRED, FL 33850 US

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

LEGRAND, KATHARINE C MGRM  
167 CYPRESS WAY  
LAKE ALFRED, FL 33850 US

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: KATHARINE C. LEGRAND

01/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: LEGRAND, KATHARINE C MGRM  
Address: 167 CYPRESS WAY  
City-St-Zip: LAKE ALFRED, FL 33850 US

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: KATHARINE C. LEGRAND

MGRM

01/25/2008

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