


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90067 025 \*\*\*143.75

|  |  |                                 |   |   |  |
|--|--|---------------------------------|---|---|--|
| <b>DOCUMENT # L07000044474</b><br>1. Entity Name<br><b>SUNSET VISTAS 403 SO., LLC</b>  |  |                                 |   |  |  |
| Principal Place of Business<br><b>5307 WILKINSON AVE., #19<br/>VALLEY VILLAGE, CA 91607</b>  |  |                                 | Mailing Address<br><b>5307 WILKINSON AVE., #19<br/>VALLEY VILLAGE, CA 91607</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address              |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.             |   |   |  |
| City & State   |  | City & State                    |   |   |  |
| Zip  | Country  | Zip                             | Country   |   | 01122008    Chg-LLC    CR2E083 (12/06) |
| 4. FEI Number<br><b>74-3214982</b>   |  |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |                                 |   | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MEKONNEN, TEMESGEN<br/>6614 COLONIAL LAKE DR.<br/>RIVER VIEW, FL 33569</b>   |  |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |                                 | <b>Make check payable to<br/>Florida Department of State</b>  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                                 | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ADAFRE, MARIE K<br>5307 WILKINSON AVE., #19<br>VALLEY VILLAGE, CA 91607 | <input type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ADAFRE, MARIE K<br>5307 WILKINSON AVE., #19<br>VALLEY VILLAGE, CA 91607 | <input type="checkbox"/> Delete |   |   |  |
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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 606, Florida Statutes. |  |                                 |   |   |  |
| <b>SIGNATURE:</b> <u>Marie K. Adafre</u> <u>2/16/08</u> (818)487-2774  |  |                                 |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #   |  |                                 |   |   |  |