

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009374

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** SUNSET FARMS OF RUSTIC RANCHES LLC

**Current Principal Place of Business:**

16555 HOLLW TREE LN.  
WELLINGTON, FL 33470

**New Principal Place of Business:**

16555 HOLLOW TREE LN.  
WELLINGTON, FL 33470

**Current Mailing Address:**

16555 HOLLW TREE LN.  
WELLINGTON, FL 33470

**New Mailing Address:**

16555 HOLLOW TREE LN.  
WELLINGTON, FL 33470

**FEI Number:** 90-0348420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LONGO, JAMES  
16555 HOLLW TREE LN.  
WELLINGTON, FL 33470 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LONGO, JAMES  
Address: 16555 HOLLW TREE LN.  
City-St-Zip: WELLINGTON, FL 33470

Title: MGRM ( ) Delete  
Name: LONGO, KATIE  
Address: 16555 HOLLW TREE LN.  
City-St-Zip: WELLINGTON, FL 33470

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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:** JAMES LONGO

MGR

04/30/2009

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