

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034873

FILED
Apr 30, 2009
Secretary of State

Entity Name: SUNSET SEA PRODUCTIONS LLC

Current Principal Place of Business:

20319 MISTY RIDGE LANE
CLERMONT, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

20319 MISTY RIDGE LANE
CLERMONT, FL 34715 US

New Mailing Address:

FEI Number: 42-1762766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKEE, LEGRAND D 11
20319 MISTY RIDGE LANE
CLERMONT, FL 34715 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: CEO () Delete
Name: MCKEE, LEGRAND D 11
Address: 20319 MISTY RIDGE LANE
City-St-Zip: CLERMONT, FL 34715 US

Title: PRES () Delete
Name: BALDWIN, LILLIAN M
Address: 20319 MISTY RIDGE LANE
City-St-Zip: CLERMONT, FL 34715 US

Title: VP () Delete
Name: DEBOLD, ROBIN J
Address: 20319 MISTY RIDGE LANE
City-St-Zip: CLERMONT, FL 34715 US

ADDITIONS/CHANGES:

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

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

Title: VP (X) Change () Addition
Name: DEBOLD, ROBIN J
Address: 490 S. BURR OAK RD.
City-St-Zip: COLON, MI 49040 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: LEGRAND D. MCKEE 11

CEO

04/30/2009

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