

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045707

Entity Name: PROMED SUNSET, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

1660 NE MIAMI GARDENS DR
STE 8
N MIAMI BEACH, FL 33179

New Principal Place of Business:

1696 NE MIAMI GARDENS DR
N MIAMI BEACH, FL 33179

Current Mailing Address:

1660 NE MIAMI GARDENS DR
STE 8
N MIAMI BEACH, FL 33179

New Mailing Address:

1696 NE MIAMI GARDENS DR
N MIAMI BEACH, FL 33179

FEI Number: 26-2569104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROMED PROPERTY MANAGEMENT, INC.
1660 NE MIAMI GARDENS DR
STE 8
N MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

PROMED PROPERTY MANAGEMENT, INC.
1696 NE MIAMI GARDENS DR
N MIAMI BEACH, FL 33179 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:

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: KATZMAN, CHAIM
Address: 1696 NE MIAMI GARDENS DR
City-St-Zip: N MIAMI BEACH, FL 33179

Title: MGR () Change (X) Addition
Name: SEGAL, DORI
Address: 1696 NE MIAMI GARDENS DR
City-St-Zip: N MIAMI BEACH, FL 33179

Title: MGR () Change (X) Addition
Name: SOFFER, AHARON
Address: 1696 NE MIAMI GARDENS DR
City-St-Zip: N MIAMI BEACH, FL 33179

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: AHARON SOFFER

MGR

03/20/2009

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