LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003141

1. Entity Name

SUNSET MARKETING LTD. COMPANY



FILED

03 APR 30 AH 10: 58

SECRETARY OF STATE TALLAHASSEE FLORIDA

Date

Daytime Phone #

DO NOT WRITE IN THIS SPACE					TÄLLÄMASSEE FLUMDA	
Principal Place of Business 3. Mailing Address			_			
Suite Apt. #, etc. Suite Apt. #, etc. Suite B BOX 6957 Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
City & State CAICE TAboe, NV City & State					4. FEI Number Applied For Not Applicable	
89449	Country	Zip	Country		5. Certificate of Status Desired	
and the second s					7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE			_	Name CAPITOL CONVOYATE SERVICES INC Street-Address (P.O. Box Number is Not Acceptable) 1333 N DUVAL STREET		
				City TAllA	hassee K FL Zip Code 32303	
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 Signature, typed or printed name of registered egent and title if applicable. DATE						
FEE IS \$50,00 Make Check Payable to Florida Department of State DUE BY MAY 1						
9.	MANAGING MEMBER					
NAME OF OF STREET ADDRESS 3	EVER STATE MATAGEMENT OF THE STATE OF THE ST	UTE 8 Box 6957	NAME: STREET	T ADDRESS	5UU017592026 04/3U/U3-01U85-015 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HCK 1ANOE TWV 87	997	TITLE	T ADDRESS		
TITLE NAME STREET ADDRESS _CITY_ST_ZIP			TITLE NAME STREET CITY-S	I ADDRESS	DO_NOT_WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	r address	。 IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	TADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.						

SILVER STATE MANAGEMENT SERVICES LIC. MANAGEMENT

ED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: 41 TYPED OR F