ella an .	or bafara May 1, 1999 or	imiter	4 Liability	Comi		ill bo				
File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS							SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 17 PM 1: 50			
FKLING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE										
1. Name and Malling Address of Limited Liability Company DOCUMENT # M98000001443										
SIRGANY SUNSET, LLC							1a. Principal Place of Business Address			
6910 N.W. 12TH STREET MIAMI FL 33126							6910 N.W. 12TH STREET MIAMI FL 33126			
2 Principal Place of Business 2a. Mailing Address				uss			Date Organized or Qualified 3a. State of Formation			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				12/08/1998 DE			
Suite, Apr.	#, 610.	Suite, Apt. #, etc.				Ì	4. FEI Number	r	·	Applied For
City & Stat	e	City & St	City & State				65-0883		ref	Not Applicable
Zip	Country	Country Z ₁ p		Countr	intry		5. Date of Last Report		J	icate of Status Desired
7. Name and Address of Current Registered Agent						8. N	lame and Addre	ss of New Regis	lered Age	nVOffice
KAYAL, RAYMOND J JR. 6910 N.W. 12TH STREET MIAMI FL 33126					Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.					
					City	City Zip Code				
its register	int to the provisions of Sections 608 416 a ed office or registered agent, or both, in the red agent, and accept the obligations.									
SIGNATURE (Registered Agent Accepting Appointment) (IPDR: Registered Agent agent to required where continued								DATE _		
10. Title Managing Members/Managers				Business Street Address				City	, State and	l Zip Code
MGRM	SIRGANY HOLDINGS,	LLC	6910 1	N.W.	12TH	STR	EET	IMAIM	FL	3318Co.
							31	-103/19	9/99	2643 8 8111015 ****188.7\$
indicated of limited liab	reby certify that the information supplied wi on this annual report is true and accurate a illify company or the receiver or trustee en it with an address.	and that my	signature shall I	have the s	same legal e	effect as	if made under oa	ith, that I am a ma	naging me	mber or manager of the

Research President Raymond J. Kayal 3/5/19 (305)594-5754

INHSE10 R (12-98)