

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000002465

**FILED**  
**Feb 11, 2018**  
**Secretary of State**  
**CC8095446685**

**Entity Name:** SUNSET DRIVE COMPANY LLC

**Current Principal Place of Business:**

5995 SUNSET DRIVE  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

8225 SW 60 CT  
C/O THOMAS MARK  
MIAMI, FL 33143

**FEI Number:** 65-1091950

**Certificate of Status Desired:** No

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

CAGLE, PETER B  
2555 PONCE DE LEON BLVD.  
320  
CORAL GABLES, FL 33134 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name THOMAS MARK & MARY CAROL  
MARK T.B.E  
Address 8225 SW 60 CT  
City-State-Zip: S.MIAMI FL 33143

Title MGRM  
Name MARK, MARY JANE  
Address 9380 GALLARDO ST  
City-State-Zip: CORAL GABLES FL 33156

Title MGRM  
Name TEDDY M MARK REVOCABLE TRUST  
Address 3265 RIVIERA DRIVE  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS MARK & CAROL MARK T.B.E.

**MGR**

**02/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date