

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000013766

**Entity Name:** SUNSET STRIP, L.L.C.

**Current Principal Place of Business:**

8672 SW BIRD ROAD  
SUITE 205  
MIAMI, FL 33155

**Current Mailing Address:**

8672 SW BIRD ROAD  
SUITE 205  
MIAMI, FL 33155

**FEI Number:** 59-1530905

**Certificate of Status Desired:** No

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

LYDEN, EDWARD P  
8672 SW BIRD ROAD  
SUITE 205  
MIAMI, FL 33155 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 P  
Name GARCIA, JO ANN  
Address 8672 SW BIRD ROAD SUITE 210  
City-State-Zip: MIAMI FL 33155

Title S  
Name LYDEN, WILLIAM P  
Address 8672 SW BIRD ROAD SUITE 205  
City-State-Zip: MIAMI FL 33155

Title T  
Name CAMPBELL, CATHERINE  
Address 8672 SW 40TH ST (BIRD ROAD), STE 205  
City-State-Zip: MIAMI FL 33155

Title V.P.  
Name SCHUMER, JOSPHE ROSE  
Address 8672 SW BIRD ROAD SUITE 210  
City-State-Zip: MIAMI FL 33155

*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:** JO ANN GARCIA LYDEN

P

04/29/2024

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

\_\_\_\_\_  
Date