

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034424

**Entity Name:** SUNSET POINTE DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

413 WILLIAMS AVENUE  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

PO BOX 98  
PORT ST. JOE, FL 32457

**FEI Number:** 47-0902184

**Certificate of Status Desired:** No

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

COSTIN, CHARLES A  
413 WILLIAMS AVENUE  
PORT ST. JOE, FL 32456 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	Title	MGR
Name	COSTIN, CHARLES A	Name	SHOAF, STUART
Address	PO BOX 98	Address	PO BOX 772
City-State-Zip:	PORT ST. JOE FL 32457	City-State-Zip:	PORT ST. JOE FL 32457

*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:** CHARLES A. COSTIN

**MANAGER**

**02/19/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date