

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L97000000585**

1. Entity Name

SUNRISE OF AMERICA, LLC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 16 PM 12:23

Principal Place of Business

**FONTAINEBLEAU EXECUTIVE PLAZA
8370 W. FLAGLER ST., STE. 204
MIAMI FL 33144**

Mailing Address

**FONTAINEBLEAU EXECUTIVE PLAZA
8370 W. FLAGLER ST., STE. 204
MIAMI FL 33144-2038**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0778075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEHBY, JOSEPH M**FONTAINEBLEAU EXECUTIVE PLAZA****8370 W. FLAGLER ST., STE. 204****MIAMI FL 33144**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR	TOYOTOSHI, NAUYUKI	8370 W. FLAGLER ST., #204 MIAMI FL 33144				
	MGR	TOYOTOSHI, KEIKO	8370 W. FLAGLER ST., #204 MIAMI FL 33144				
	MGR	TOYOTOSHI, MARCELO H	8370 W. FLAGLER ST., #204 MIAMI FL 33144				

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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #