

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000035229

1. Entity Name
SONRISE PROPERTIES OF SARASOTA, LLC



Principal Place of Business
7 COVE LANE
KINNELON, NJ 07405

Mailing Address
7 COVE LANE
KINNELON, NJ 07405

FILED
Mar 25, 2008 08:00 AM
Secretary of State



03182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5524299

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NASH, THOMAS C II
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000363702
04/09/08-80060-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGME
NIEBISCH, PAUL MGR
7 COVE LANE
KINNELON, NJ 7405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

PAUL NIEBISCH

3/18/08

Date

201-447-3338

Daytime Phone #