

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070831

Entity Name: SUNRISE ADMINISTRATORS, LC

Current Principal Place of Business:

139 ORANGE ST SUITE 301
NEW HAVEN, CT 06510

Current Mailing Address:

139 ORANGE ST. SUITE 301
NEW HAVEN, CT 06510 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALAS, JUAN
1520 BRICKEL AVE
MIAMI, FL 33131 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 MR
Name SALAS-ROMER, JUAN M
Address 900 CHAPEL ST. SUITE 620
City-State-Zip: NEW HAVEN CT 06510

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: JUAN M SALAS-ROMER

MANAGER

06/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date