

**2022 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:** JUAN SALAS

03/03/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MR  
Name SALAS-ROMER, JUAN M  
Address 139 ORANGE STREET STE 301  
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

03/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date