

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000156889

**Entity Name:** ECHO SUNNY ISLES, LLC

**Current Principal Place of Business:**

16065 BRIER CREEK DRIVE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

16065 BRIER CREEK DRIVE  
DELRAY BEACH, FL 33446 US

**FEI Number:** 46-4059691

**Certificate of Status Desired:** No

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

YON, MATTHEW F  
2101 N.W. CORPORATE BLVD.  
SUITE 220  
BOCA RATON, FL 33431 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 MGR  
Name YON, MATTHEW F  
Address 2101 N.W. CORPORATE BLVD., SUITE 220  
City-State-Zip: BOCA RATON FL 33431

Title MANAGING MEMBER  
Name SHER, JASON  
Address 16065 BRIER CREEK DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title MANAGING MEMBER  
Name FEURRING, DOUGLAS R  
Address 2200 BUTTS ROAD SUITE 300  
City-State-Zip: BOCA RATON FL 33431

Title MANAGING MEMBER  
Name FEURRING, ROSS J  
Address 2200 BUTTS ROAD SUITE 300  
City-State-Zip: BOCA RATON FL 33431

*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:** MATTHEW F. YON

**MANAGER**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date