

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000149768

**Entity Name:** SUNRISE RETIREMENT HOME LLC

**Current Principal Place of Business:**

4201 70TH AVENUE NORTH  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

200 SE LINCOLN CIRCLE NORTH  
ST PETERSBURG, FL 33703 US

**FEI Number:** 81-3610615

**Certificate of Status Desired:** No

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

LABIOS, MARIA  
200 SE LINCOLN CIRCLE NORTH  
ST PETERSBURG, FL 33703 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 LABIOS, MARIA  
Address 200 SE LINCOLN CIRCLE NORTH  
City-State-Zip: ST PETERSBURG FL 33703

*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:** MARIA LABIOS

**PRESIDENT**

**02/02/2023**

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

\_\_\_\_\_  
Date