

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000227356

**Entity Name:** K T SUNRISE PROPERTIES, LLC

**Current Principal Place of Business:**

237 CHESTERFIELD IND BLVD  
CHESTERFIELD, FL 63005

**Current Mailing Address:**

237 CHESTERFIELD IND BLVD  
CHESTERFIELD, MO 63005 US

**FEI Number:** 81-4851302

**Certificate of Status Desired:** No

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

NORRIS, DON  
18320 HUNTERS GLEN RD N  
FORT MYERS, FL 33917 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 AMBR  
Name YARNELL, KATHERINE  
Address 419 N CHURCH ST  
City-State-Zip: BETHANY IL 61914

Title AMBR  
Name ROCCI, TINA  
Address 1604 RIDGE BEND DR  
City-State-Zip: WILDWOOD MO 63038

Title AMBR  
Name YARNELL, MICHAEL T  
Address 419 N CHURCH ST  
City-State-Zip: BETHANY IL 61914

Title AMBR  
Name ROCCI, MATTHEW  
Address 1604 RIDGE BEND DR  
City-State-Zip: WILDWOOD MO 63068

*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 ROCCI

AMBR

01/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date