

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000180977

Entity Name: HFB SUNRISE, LLC

Current Principal Place of Business:

660 NEWPORT CENTER DR.,
SUITE 300
NEWPORT BEACH, CA 92660

FILED
Sep 13, 2022
Secretary of State
0399723386CC

Current Mailing Address:

660 NEWPORT CENTER DR.,
SUITE 300
NEWPORT BEACH, CA 92660 US

FEI Number: 82-2627500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 | Title | AUTHORIZED REPRESENTATIVE |
| Name | HANOVER FAMILY BUILDERS, LLC | Name | WOCHNER, JEFF |
| Address | 660 NEWPORT CENTER DR., SUITE 300 | Address | 2420 S. LAKEMONT AVENUE SUITE 450 |
| City-State-Zip: | NEWPORT BEACH CA 92660 | City-State-Zip: | ORLANDO FL 32814 |
| | | | |
| Title | AUTHORIZED REPRESENTATIVE | Title | AUTHORIZED REPRESENTATIVE |
| Name | BOYETTE, STEVEN | Name | DURKIN, TIMOTHY |
| Address | 2420 S. LAKEMONT AVENUE SUITE 450 | Address | 2420 S. LAKEMONT AVENUE SUITE 450 |
| City-State-Zip: | ORLANDO FL 32814 | City-State-Zip: | ORLANDO FL 32814 |
| | | | |
| Title | AUTHORIZED REPRESENTATIVE | Title | AUTHORIZED REPRESENTATIVE |
| Name | FORGE, WILLIAM | Name | MITCHELL, NICHOLA |
| Address | 2420 S. LAKEMONT AVENUE SUITE 450 | Address | 2420 S. LAKEMONT AVENUE SUITE 450 |
| City-State-Zip: | ORLANDO FL 32814 | City-State-Zip: | ORLANDO FL 32814 |
| | | | |
| Title | AUTHORIZED REPRESENTATIVE | Title | AUTHORIZED REPRESENTATIVE |
| Name | NYARIRI, FONTANE | Name | BRUNO, MICHAEL |
| Address | 2420 S. LAKEMONT AVENUE SUITE 450 | Address | 2420 S. LAKEMONT AVENUE SUITE 450 |
| City-State-Zip: | ORLANDO FL 32814 | City-State-Zip: | ORLANDO FL 32814 |

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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: FRANCO TENERELLI

**AUTHORIZED
REPRESENTATIVE**

09/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name LOPEZ, HECTOR
Address 2420 S. LAKEMONT AVENUE SUITE 450
City-State-Zip: ORLANDO FL 32814