## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L00000007991**

1. Entity Name
SUNRISE TRADING COMPANY, L.L.C.



FILED Sep 02, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

13300 OKEECHOBEE RD FORT PIERCE, FL 34945 13300 OKEECHOBEE RD FORT PIERCE, FL 34945



## DO NOT WRITE IN THIS SPACE

08312004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1089096 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

SPYKE, PETER D 13300 OKEECHOBEE RD FORT PIERCE, FL 34945

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

		III IIIO OI AOL	
	named ontity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, ar	nd accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE	
Fil Due t	ling Fee is \$50.00 by September 8, 2004	0 <del>9/02/01 80905 8</del> 02 <del>589.6</del>	<del></del>
9.	MANAGING MEMBÉRS/MANAGERS	The state of the s	174.50 M
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPYKE, PETER D 13300 OKEECHOBEE RD FORT PIERCE, FL 34945	U00000171522	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, RUE L JR 1030 GRANDVIEW BOULEVARD FORT PIERCE, FL 34982	09/02/04-80005-002 50.00	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CATY-ST-ZAP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on on this report is true and accurate and that my signature sha billity company or the receiver or trustee empowered to exec	alify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the info Il have the same legal effect as if made under cath; that I am a managing member or manager of the this report as required by Chapter 608, Florida Statutes.	imation of the