

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000013619 1. Entity Name SUNRISE SHOPPES, L.C.	
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Principal Place of Business 7806 CHARNEY LANE BOCA RATON, FL 33496	Mailing Address 7806 CHARNEY LANE BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



01242008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1053225	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SUSI, SAMUEL 7806 CHARNEY LANE BOCA RATON, FL 33496

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

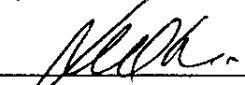
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUSI, SAMUEL 7806 CHARNEY LANE BOCA RATON, FL 33496
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U00000800275
01/31/08-80010-025 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:  **1/23/08** **901-483-2030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #