

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90134 002 ****50.00

DOCUMENT # L02000031941

1. Entity Name
SUNRISE COMMERCE CENTER, L.L.C.



Principal Place of Business
**783 SHOTGUN RD
SUNRISE, FL 33326 US**

Mailing Address
**783 SHOTGUN RD
SUNRISE, FL 33326 US**

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02062007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
35-2194238

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, OSVALDO J
7951 SW 40TH STREET
SUITE 206
MIAMI, FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **REY SOTO, JAIME**
STREET ADDRESS **783 SHOTGUN RD**
CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **DEREY, MARIA E**
STREET ADDRESS **783 SHOTGUN RD**
CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE **MGR** ☒ Change ☐ Addition
NAME **DE REY, MARIA E**
STREET ADDRESS **783 SHOTGUN ROAD**
CITY-ST-ZIP **SUNRISE FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

JAIME REY

02/06/07

954 644 8588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #