01-23-2008 90023 036 ***138.50
L02000031941

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000031941

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

FILED
08 JUL 10 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number
35-2194238
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REY SOTO, JAIME
STREET ADDRESS	783 SHOTGUN RD
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	MGR
NAME	DE REY, MARIA E
STREET ADDRESS	783 SHOTGUN RD
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ______________   01-18-08   954385 0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #