2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90077 023 ***150.00

DOCUMENT # L03000020182

1. Entity Name
RASALCO SUNRISE LLC

Principal Place of Business	Mailing Address
7491 W. OAKLAND PARK BLVD. C/O EDWIN L. CRAMMER P.A. LAUDERHILL FL 33319	7491 W. OAKLAND PARK BLVD. C/O EDWIN L. CRAMMER P.A. LAUDERHILL FL 33319

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
1800 N.W. 69th Ave	1800 N.W. 69th Ave
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State Plantation, Fl.	City & State Plantation, Fl.
Zip 33313 Country U.S.A.	Zip 33313 Country U.S.A.

4. FEI Number 55-0835682 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~CRAMMER, EDWIN L~~
~~7491 W. OAKLAND PARK BLVD.~~
~~LAUDERHILL FL 33319~~

Aziz Ali
1800 N.W. 69th Ave
#201
Plantation, Fl. 33313

7. Name and Address of New Registered Agent

Name Aziz Ali
Street Address (P.O. Box Number is Not Acceptable) 1800 N.W. 69th Ave
Suite 201
City Plantation FL Zip Code 33313

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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Manager/Member NAME Aziz Ali STREET ADDRESS 1800 NW 69th Ave #201 CITY-ST-ZIP Plantation FL 33313	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: managing member 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #