

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90124 045 ****50.00

DOCUMENT # L04000062944

1. Entity Name
WL SUNRISE HOLDINGS, LLC



Principal Place of Business
2875 N.E. 191ST STREET
SUITE 400A
AVENTURA, FL 33180 US

Mailing Address
2875 N.E. 191ST STREET
SUITE 400A
AVENTURA, FL 33180 US

20053300



2. Principal Place of Business
2875 NE 191ST STREET

3. Mailing Address
2875 NE 191ST STREET

Suite, Apt. #, etc.
SUITE # 300

Suite, Apt. #, etc.
SUITE # 300

01062005 Chg-LLC CR2E083 (10/03)

City & State
AVENTURA FL

City & State
AVENTURA FL

4. FEI Number
20-2416614

Applied For
Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

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

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BRAVER, JORGE
2875 N.E. 191ST STREET, SUITE 400A
AVENTURA, FL 33180 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DJMAL, RICARDO
2875 N.E. 191ST STREET, SUITE 400A
AVENTURA, FL 33180 ☐ Delete

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

TITLE
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☐ 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

R. DJMAL

04/28/05 (301) 935-6955

Date

Daytime Phone #