

LD5000002569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

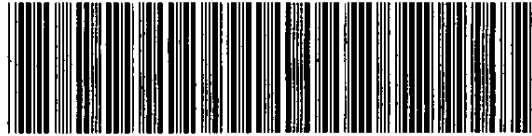
Special Instructions to Filing Officer:

L. SELLERS

JAN 26 2010

EXAMINER

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10 JAN 25 PM 1:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sunrise Developer Partnership, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John W. Chapman
Name of Person

Chapman & Plymale Law, P.A.
Firm/Company

100 SW Albany Ave., Suite 310
Address

Stuart, Florida 34994
City/State and Zip Code

jchapman@treasurecoastlegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John W. Chapman at (772) 283-2626
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Sunrise Developer Partnership, L.L.C.

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stone, R. Scott, Jr.	5287 SW Orchid Dr. Palm City, Florida 34990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 20, 2010.

John W. Chapman
Signature of a member or authorized representative of a member
John W. Chapman
Typed or printed name of signee

FILED
10 JAN 25 PM 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA