

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 A
Secretary of State

DOCUMENT # L05000004105

1. Entity Name
SUNRISE DISTRIBUTION, L.L.C.



Principal Place of Business
6220 S. ORANGE BLOSSOM TRAIL
171
ORLANDO, FL 32809

Mailing Address
6220 S. ORANGE BLOSSOM TRAIL
171
ORLANDO, FL 32809



02182008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2159004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAHEED, ABDUL
6220 S. ORANGE BLOSSOM TRAIL
171
ORLANDO, FL 32809

**DO NOT WRITE
IN THIS SPACE**

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

U00000840245
03/06/08-80040-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WAHEED, ABDUL
STREET ADDRESS	6220 S. ORANGE BLOSSOM TRAIL, # 171
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	MGR
NAME	MARKATIA, MOHAMMED A
STREET ADDRESS	1215 WEST NEWPORT CENTER DR
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

02-20-2008 407-857-1786