

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 28 AM 10:35

DOCUMENT # L05000102379 1. Entity Name SUNRISE SERVICES, L.L.C.					
Principal Place of Business 2800 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304			Mailing Address 2800 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304		
2. Principal Place of Business 2800 E. Sunrise Blvd.		3. Mailing Address 2800 E. Sunrise Blvd.			
Suite, Apt. #, etc. 7A		Suite, Apt. #, etc. 7A		09202006 REIN-LLC CR2E101 (11/05)	
City & State Fort Lauderdale FL		City & State Ft. Lauderdale FL		4. FEI Number 20-3657591	
Zip 33304		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRANTALIS, DEAN J ESQ. 2255 WILTON DRIVE WILTON MANORS, FL 33305				7. Name and Address of New Registered Agent 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 DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STAVIN, MARK 2800 E. SUNRISE BLVD. FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400080192714 09/26/06--01071--020 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORRIS, ERIC 7011 BUSINESS PARK BLVD. N. JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2006
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Mark Stavin, MGR				Date: 9-22-06 Daytime Phone #: 516-238-6550	