

2007 LIMITED LIABILITY COMPANY

DOCUMENT # L06000004641

1. Entity Name
SUNRISE AVENUE LLC



Principal Place of Business
4121 MALAGA AVENUE
MIAMI, FL 33133

Mailing Address
4121 MALAGA AVENUE
MIAMI, FL 33133

BK

FILED
07 SEP 21 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09212007 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

KAYE, JOSHUA M ESQ
201 SOUTH BISCAYNE BOULEVARD
SUITE 2200
MIAMI, FL 33131

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

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Manager** ☐ Delete
NAME **Joshua M. Kaye**
STREET ADDRESS **201 S. Biscayne Boulevard, #2200**
CITY-ST-ZIP **Miami, Florida 33131**

TITLE ☐ Change ☐ Addition
NAME **600110205846**
STREET ADDRESS **10/03/07--01008--018 **50.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

Joshua M. Kaye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, OR MANAGER REPRESENTATIVE

9/21/07

Date

305-347-6516

Daytime Phone #