

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90030 033 ***138.75

DOCUMENT # L06000032836

1. Entity Name
SUNRISER, LLC



Principal Place of Business
**1730 S. FEDERAL HIGHWAY
SUITE 283
DELRAY BEACH, FL 33483**

Mailing Address
**1730 S. FEDERAL HIGHWAY
SUITE 283
DELRAY BEACH, FL 33483**

2. Principal Place of Business - No P.O. Box #
1730 S Federal Hwy
Suite, Apt. #, etc.
Suite 377

3. Mailing Address
1730 S Federal Hwy
Suite, Apt. #, etc.
Suite 377

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip
33483

Country

Zip
33483

Country

04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5070098

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DANIELS, STEVEN L ESQ.
ARNSTEIN & LEHR LLP
515 N. FLAGLER DRIVE, 6TH FLOOR
WEST PALM BEACH, FL 33401**

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EFRON, SCOTT
6075 VIA CRYSTALLE
DELRAY BEACH, FL 33484** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EFRON, SCOTT
959 EveeSt., Delray Bch, FL 33483** ☐ Change ☐ Addition

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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:

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

Date

Daytime Phone #

04-29-2008 954-6779892