

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000047597

Entity Name: SUNRISE LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

8436 S. U.S. HIGHWAY 1
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

540 NW UNIVERSITY BLVD.
210
PORT ST. LUCIE, FL 34986

Current Mailing Address:

8436 S. U.S. HIGHWAY 1
PORT ST. LUCIE, FL 34952

New Mailing Address:

540 NW UNIVERSITY BLVD.
210
PORT ST. LUCIE, FL 34986

FEI Number: 06-1777581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAHMAN, NAJEH
5145 NW ALJO CIRCLE
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: NAJEH RAHMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAHMAN, NAJEH
Address: 5145 NW ALJO CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: FERGUSON, RICHARD M
Address: 5258 NW NORTH DELWOOD DR
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NAJEH RAHMAN

VP

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date