

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000047597

Entity Name: SUNRISE LLC

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 06-1777581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

01/09/2012

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