

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 08:00
Secretary of State

DOCUMENT # L06000058561

1. Entity Name
SONRISE II DEVELOPMENT, LLC



Principal Place of Business
2950 SW 27TH AVENUE, STE. 200
MIAMI, FL 33133

Mailing Address
2950 SW 27TH AVENUE, STE. 200
MIAMI, FL 33133

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008

Chg-LLC

CR2E083 (12/06)

4. FEI Number
20-5023806

Applied For
Not Applicable

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

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 W. FLAGLER STREET
MIAMI, FL 33130

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BOGGIO, LLOYD J
STREET ADDRESS 2950 SW 27TH AVENUE, STE.200
CITY-ST-ZIP MIAMI, FL 33133

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000851718
03/25/08-80051-024 143.75

TITLE MGRM ☐ Delete
NAME THE SAGRA LLC
STREET ADDRESS 2400 S. DIXIE HWY
CITY-ST-ZIP MIAMI, FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #