

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000124521

Entity Name: DOUBLE-SUNRISE, LLC

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

519 ROMA COURT  
UNIT 3305  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

4800 LASQUETI WAY  
NAPLES, FL 34119 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DAMICO, STEVE  
519 ROMA COURT  
UNIT 3305  
NAPLES, FL 34110 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: DAMICO, STEVE  
Address: 519 ROMA COURT UNIT 3305  
City-St-Zip: NAPLES, FL 34110 US

Title: MGRM  
Name: DAMICO, SANDRA  
Address: 519 ROMA COURT UNIT 3305  
City-St-Zip: NAPLES, FL 34110 US

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: SANDRA DAMICO

MGRM

01/15/2010

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