

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000032012

FILED
Oct 13, 2009
Secretary of State

Entity Name: SUNRISE GROUP HOLDINGS, LLC

Current Principal Place of Business:

907 MONTEREY STREET
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

907 MONTEREY STREET
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-2516510 **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:

MARC L SHAPIRO, P.A.
720 GOODLETTE ROAD N
SUITE 304
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

ALVAREZ, DULCE M
907 MONTEREY
CORAL GABLES,, FL 33134 US

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: DULCE M ALVAREZ

10/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE HERITAGE REVOCABLE LIVING TRUST
Address: 907 MONTEREY STREET
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: ROMANO, CAROLINE M
Address: 1544 PLASENTIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

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: DULCE ALVAREZ

RA

10/13/2009

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