

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000065611

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SUNRISE A/C SERVICES, LLC

**Current Principal Place of Business:**

5010 NW 197 STREET  
MIAMI, FL 33055

**New Principal Place of Business:**

19507 NW 55 CIRCLE PLACE  
MIAMI, FL 33055

**Current Mailing Address:**

P.O. BOX 170062  
HIALEAH, FL 33017

**New Mailing Address:**

19507 NW 55 CIRCLE PLACE  
MIAMI, FL 33055

**FEI Number:** 27-0545650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PINO, BLANCA  
5010 NW 197TH STREET  
MIAMI, FL 33055 US

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

PINO, BLANCA  
19507 NW 55 CIRCLE PLACE  
MIAMI, FL 33055 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PR  
Name: PINO, BLANCA  
Address: P.O. BOX 170062  
City-St-Zip: HIALEAH, FL 33017

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: BLANCA PINO

PTD

04/29/2011

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