

L11000003531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

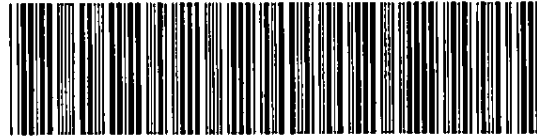
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 29 AM 8:08

N COOPER

JUN 01 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNRISE MANAGEMENT PARTNERS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN A. CERUTTI

Name of Person

SUNRISE MANAGEMENT PARTNERS LLC

Firm/Company

8333 NW 53rd Street Suite 504

Address

Doral, FL 33166

City/State and Zip Code

contactus@mindbooksolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN A. CERUTTI

786

414-1370

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOHN A. CERUTTI	2469 SW 156TH COURT	<input type="checkbox"/> Add
		MIAMI FL 33185	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUNRISE PIZZA LLC	8333 NW 53RD. STREET	<input checked="" type="checkbox"/> Add
		SUITE 504	<input type="checkbox"/> Remove
		DORAL FL 33166	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SUNRISE PIZZA LLC

DOC# L10000064655

EIN# 68-0681049

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 22ND 2018

Signature of a member or authorized representative of a member

JOHN A. CERUTTI

Typed or printed name of signee