

L15000056775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAR 02 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunrise Motors LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marianne Miller

Name of Person

Sunrise Motors LLC

Firm/Company

4657 US HWY 1, STE Q

Address

Rockledge Florida, 32955

City/State and Zip Code

Sunrisemotors@cfl.rr.com

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

For further information concerning this matter, please call:

Mary Ann Miller

at (321)

735-8953

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2017

MARIANNE MILLER
4657 US HWY 1, STE Q
ROCKLEDGE, FL 32955

SUBJECT: SUNRISE MOTORS, LLC
Ref. Number: L15000056775

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 FEB 28 PM 3:44

We have received your document for SUNRISE MOTORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Part 5(a) has not been completed.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 917A00003224

RECEIVED
2017 FEB 28 PM 1:06
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Sunrise Motors LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

4656 US HWY 1 STE Q

Rockledge Florida, 32955

03/31/2015

L15000056775

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) Mary Ann Miller
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4657 US Highway 1 Ste Q

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Rockledge, FL

FL 32937

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Thomas E Bridgeman

NEW Registered Office Address:

675 Atlantic Drive

Satellite Beach, FL 32937

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mary Ann Miller
Signature of a member or authorized representative of a member

Mary Ann Miller

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Thomas E Bridgeman
Signature of Registered Agent

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DIVISION OF CORPORATIONS
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