

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90016 004 ****50.00

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1. Entity Name

SUNRISE OF AMERICA, L.L.C.



Principal Place of Business

 FONTAINEBLEAU EXECUTIVE PLAZA
8370 W. FLAGLER ST., STE. 204
MIAMI FL 33144

Mailing Address

 FONTAINEBLEAU EXECUTIVE PLAZA
8370 W. FLAGLER ST., STE. 204
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0778075

Applied For

5. Certificate of Status Desired ☐Not Applicable
Fee Required

6. Name and Address of Current Registered Agent

 WEHBY, JOSEPH M
FONTAINEBLEAU EXECUTIVE PLAZA
8370 W. FLAGLER ST., STE. 204
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

9. MANAGING MEMBERS/MANAGERS

 TITLE: MGR
NAME: TOYOTOSHI, NAOYUKI
STREET ADDRESS: 8370 W. FLAGLER ST., #204
CITY-ST-ZIP: MIAMI FL 33144
☐ Delete

 TITLE: MGR
NAME: TOYOTOSHI, KENKO
STREET ADDRESS: 8370 W. FLAGLER ST., #204
CITY-ST-ZIP: MIAMI FL 33144
☐ Delete

 TITLE: MGR
NAME: TOYOTOSHI, MARCELO H
STREET ADDRESS: 8370 W. FLAGLER ST., #204
CITY-ST-ZIP: MIAMI FL 33144
☐ Delete

 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete

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10. ADDITIONS/CHANGES

 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

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 TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Page 2 of 2