

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0009641 AF

DOCUMENT # L99000003155

1. Entity Name  
SUNRISE OFFICE SERVICES L.L.C.

00 MAY -1 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
150 KENT ROAD, SUITE 2A  
ST. AUGUSTINE FL 32086

Mailing Address  
150 KENT ROAD, SUITE 2A  
ST. AUGUSTINE FL 32086-6485



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3548230

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRBY, CATHERINE D  
150 KENT ROAD, SUITE 2A  
ST. AUGUSTINE FL 32086

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM DOANE, CARL K ☐ Delete  
STREET ADDRESS 8832 ATTILER LN.  
CITY- ST- ZIP JACKSONVILLE FL 32216

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000003256700--0  
CITY- ST- ZIP -05/18/00--01016--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM JONES, BURL W ☐ Delete  
STREET ADDRESS 110 BRIARWOOD CR.  
CITY- ST- ZIP GLEN SAINT MARY FL 32040

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

TITLE NAME MGRM MARSH, CHARLES F ☐ Delete  
STREET ADDRESS 2855 FORBES ST.  
CITY- ST- ZIP JACKSONVILLE FL 32205

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)