

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 26 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

L99000009027

1. Entity Name

SUNRISE EMERGENT CAPITAL, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

250 Park Avenue South P.O. Box 2231

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

City & State

Winter Park FL

Zip

32789

Country

U.S.

City & State

Winter Park FL

Zip

32790

Country

US

DO NOT WRITE IN THIS SPACE

MDM

4. FEI Number

Applied For
☒ Not Applicable

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

Name

Michael Poole

Street Address (P.O. Box Numbers Not Acceptable)

250 Park Avenue South, Suite 600

City

Winter Park

FL

Zip Code

32789

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

ADDITIONS/CHANGES

TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL W. POOLE	
STREET ADDRESS	250 Park Avenue South, Suite 600	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Michael Poole, President

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

4/21/00

Date

407-599-4966

Daytime Phone #

CR2E083 (11/99)