FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am § Secretary of State DOCUMENT # L9900009027 1. Entity Name 02-26-2002 90005 025 ****50.00 SUNRISE EMERGENT CAPITAL, LLC Principal Place of Business Mailing Address 250 PARK AVENUE SOUTH, SUITE 600 P.O. BOX 2231 WINTER PARK FL 32789 WINTER PARK FL 32790 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1016635 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POOLE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 250 PARK AVENUE SOUTH, SUITE 600 WINTER PARK FL 32789 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES TITLE MGR Delete TITLE Change ☐ Addition POOLE, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 250 PARK AVENUE SOUTH, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP **WINTER PARK FL 32789** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with his 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information specified wi

MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #