# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: STEVEN M. WEINGER

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SUNRISE COMMUNITY SERVICES, INC.

### **Current Principal Place of Business:**

9040 SUNSET DRIVE SUITE A MIAMI, FL 33173

# **Current Mailing Address:**

9040 SUNSET DRIVE SUITE A MIAMI, FL 33173

## FEI Number: 65-0662366

## Name and Address of Current Registered Agent:

WRAY, ZACHARY 9040 SUNSET DRIVE MIAMI, FL 33173 US

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	ZACHARY WRAY			02/18/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	D	Title	D	
Name	WEINGER, STEVEN M	Name	VANCE, KEVIN E	
Address	2650 SW 27 AVENUE	Address	9040 SUNSET DRIVE	
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33173	
Title		Title	SECRETARY, TREASURER, DIRECTOR	
Name		Name	LANK, BILL	
	9040 SUNSET DRIVE MIAMI FL 33173	Address	9040 SUNSET DRIVE SUITE A	
		City-State-Zip:	MIAMI FL 33173	

Certificate of Status Desired: Yes

Date

02/18/2019

# FILED Feb 18, 2019 Secretary of State 2537739886CC