

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020496

**Entity Name:** SUNRISE ATLANTIC, LLC

**Current Principal Place of Business:**

201 E LAS OLAS BLVD,  
SUITE 1900  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

PO BOX 39000  
FORT LAUDERDALE, FL 39000-9000 US

**FEI Number:** 30-0147806

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STEARNS WEAVER MILLER PA  
MUSEUM TOWER  
150 WEST FLAGLER STREET SUITE 2200  
MIAMI, FL 33130 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:** ALISON MILLER

04/05/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR, PRESIDENT	Title	MGR, EVP, TREASURER
Name	WISE, SETH M	Name	SHEPPARD, BRETT
Address	201 E LAS OLAS BLVD, SUITE 1900	Address	201 E LAS OLAS BLVD, SUITE 1900
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33301
Title	AUTHORIZED MEMBER	Title	VP
Name	HEARTWOOD 58, LLC	Name	PARKER, BRUCE J
Address	201 E LAS OLAS BLVD, SUITE 1900	Address	201 E LAS OLAS BLVD, SUITE 1900
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33301
Title	VP	Title	SECRETARY
Name	MERAN, ANDREW	Name	DRAPOS, LINDA M
Address	201 E LAS OLAS BLVD, SUITE 1900	Address	201 E LAS OLAS BLVD, SUITE 1900
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33301

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRETT SHEPPARD

CFO

04/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date