

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020496

Entity Name: SUNRISE ATLANTIC, LLC

Current Principal Place of Business:

401 EAST LAS OLAS BLVD
SUITE 800
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

04/07/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, PRESIDENT
Name WISE, SETH M
Address PO BOX 39000
City-State-Zip: FORT LAUDERDALE FL 39000-9000

Title MGR, EVP, TREASURER
Name SHEPPARD, BRETT
Address PO BOX 39000
City-State-Zip: FORT LAUDERDALE FL 39000-9000

Title AUTHORIZED MEMBER
Name HEARTWOOD 58, LLC
Address PO BOX 39000
City-State-Zip: FORT LAUDERDALE FL 39000-9000

Title VP
Name PARKER, BRUCE J
Address PO BOX 39000
City-State-Zip: FORT LAUDERDALE FL 39000-9000

Title VP
Name MERAN, ANDREW
Address PO BOX 39000
City-State-Zip: FORT LAUDERDALE FL 39000-9000

Title SECRETARY
Name DRAPOS, LINDA M
Address PO BOX 39000
City-State-Zip: FORT LAUDERDALE FL 39000-9000

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

EVP

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date