

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000133233

**Entity Name:** SUNRISE ADULT DAYCARE "LLC"

**Current Principal Place of Business:**

6623 FOREST HILL BLVD,  
GREENACRES, FL 33413

**Current Mailing Address:**

6623 FOREST HILL BLVD,  
GREENACRES, FL 33413 US

**FEI Number:** 46-1488198

**Certificate of Status Desired:** No

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

MISTRY, SANDHYA K  
6623 FOREST HILL BLVD,  
GREENACRES, FL 33413 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name MISTRY, SANDHYA K  
Address 918 SANDTREE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33403

*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:** SANDHYA K MISTRY

**OWNER/  
ADMINISTRATOR**

**02/19/2017**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date