

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000140002

Entity Name: SUMMER RISE, LLC.

Current Principal Place of Business:

4176 HIGHWOOD DR
JACKSONVILLE, FL 32216

Current Mailing Address:

4176 HIGHWOOD DR
JACKSONVILLE, FL 32216 US

FEI Number: 46-1325146

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALQALAM, SHADI M
4176 HIGHWOOD DR
JACKSONVILLE, FL 32216 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 MGRM
Name ALQALAM, SHADI M
Address 4176 HIGHWOOD DR
City-State-Zip: JACKSONVILLE FL 32216

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: SHADI M ALQALAM

AMBR

04/22/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date