

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000103240

**Entity Name:** SUNRISE GROUP MARKETING LLC

**Current Principal Place of Business:**

15438 N FLORIDA AVE, STE 201  
TAMPA, FL 33613

**Current Mailing Address:**

15438 N FLORIDA AVE, STE 201  
TAMPA, FL 33613 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMBER  
Name HEALTH PLAN INTERMEDIARIES  
HOLDINGS, LLC  
Address 15438 N FLORIDA AVE, STE 201  
City-State-Zip: TAMPA FL 33613

Title AUTHORIZED REPRESENTATIVE  
Name BRYANT, ANGELA  
Address 15438 N FLORIDA AVE, STE 201  
City-State-Zip: TAMPA FL 33613

*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:** ANGELA BRYANT

**AUTHORIZED SIGNER**

**04/19/2016**

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

\_\_\_\_\_  
Date