

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000053995

**Entity Name:** SUMMER RISE APARTMENTS, LLC

**Current Principal Place of Business:**

822 A1A N  
SUITE 301  
PONTE VEDRA, FL 32082

**Current Mailing Address:**

822 A1A N  
SUITE 301  
PONTE VEDRA, FL 32082 US

**FEI Number:** 81-1858461

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DER POEL, MICHAEL VAN  
Address 822 A1A N  
SUITE 301  
City-State-Zip: PONTE VEDRA FL 32082

Title MEMBER  
Name MENKES, LESLIE  
Address 822 A1A N  
SUITE 301  
City-State-Zip: PONTE VEDRA FL 32082

Title MEMBER  
Name OLAFSON, BLAKE  
Address 822 A1A N  
SUITE 301  
City-State-Zip: PONTE VEDRA FL 32082

*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:** MICHAEL VAN DER POEL

MEMBER

03/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date