## 2020 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

FILED May 04, 2020

**Secretary of State** 

6663397445CC

Authorized Person(s) Detail:

Title MEMBER Title MEMBER

Name DER POEL, MICHAEL VAN Name MENKES, LESLIE

Address 822 A1A N Address 822 A1A N

SUITE 301

City-State-Zip: PONTE VEDRA FL 32082 City-State-Zip: PONTE VEDRA FL 32082

Title MEMBER

Name OLAFSON, BLAKE

Address 822 A1A N

SUITE 301

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: BLAKE OLAFSON MEMBER