

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000147194

**Entity Name:** 1771 E SUNRISE LLC

**Current Principal Place of Business:**

262 4TH AVE N  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

PO BOX 7598  
ST. PETERSBURG, FL 33734 US

**FEI Number:** 84-2118655

**Certificate of Status Desired:** No

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

GAIRING, CLARK  
262 4TH AVE N  
ST PETERSBURG, FL 33701 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 AR  
Name HAMMOND, SHERI  
Address 3390 PEACHTREE RD NE SUITE 100  
City-State-Zip: ATLANTA GA 30326

Title AMBR  
Name REW INVESTMENTS LLC  
Address 708 SOUTH SHELMORE SUITE 102  
City-State-Zip: CHARLESTON SC 29464

Title AMBR  
Name MABEL & MCLAUGHLIN LLC  
Address PO BOX 7598  
City-State-Zip: ST PETERSBURG FL 33734

Title MGR  
Name BWIA LLC  
Address PO BOX 7598  
City-State-Zip: ST PETERSBURG FL 33734

*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:** SHERI HAMMOND

**AUTHORIZED SIGNER**

01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date