

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90103 046 ***138.75

DOCUMENT # L05000053743

1. Entity Name
SIGMA BAY INVESTMENTS, LLC



Principal Place of Business
**782 LE JEUNE RD
650
MIAMI, FL 33126**

Mailing Address
**782 LE JEUNE RD
650
MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box #

5805 Blue Lagoon Dr.

Suite, Apt. #, etc.
Suite 220

City & State
Miami, Fl.

Zip
33126

Country
USA

3. Mailing Address

5805 Blue Lagoon Dr.

Suite, Apt. #, etc.
Suite 220

City & State
Miami, Fl.

Zip
33126

Country
USA

02082008 Chg-LLC CR2E083 (12/06)



4. FEI Number
20-3121618

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT ALLEN LAW
1441 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Fowler White Burnett, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1395 Brickell Ave. 14th Floor
City **Miami** FL Zip Code **33131**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeane Fuentes-Lopez

02/13/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PATRONE, ALFREDO
1441 BRICKELL AVE, SUITE 1400
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PATRONE, ALFREDO
5805 BLUE LAGOON DR. STE. 220
MIAMI, FL. 33126** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/13/08