

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000031340

**Entity Name:** SIG GROUP, LLC

**Current Principal Place of Business:**

507 NW LAKE WHITNEY PLACE  
SUITE 104  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

507 NW LAKE WHITNEY PLACE  
SUITE 104  
PORT ST LUCIE, FL 34986

**FEI Number:** 26-2276867

**Certificate of Status Desired:** No

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

GREENE, SEAN JMGR  
507 NW LAKE WHITNEY PLACE  
104  
PORT ST. LUCIE, FL 34986 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 MGR  
Name GREENE, SEAN J  
Address 507 NW LAKE WHITNEY PLACE, STE  
104  
City-State-Zip: PORT ST LUCIE FL 34986

Title MGR  
Name STEINGER, MICHAEL S  
Address 507 NW LAKE WHITNEY PLACE STE  
104  
City-State-Zip: PORT ST LUCIE FL 34986

Title MGR  
Name ISCOE, GARY T  
Address 507 NW LAKE WHITNEY PLACE STE  
104  
City-State-Zip: PORT ST LUCIE FL 34986

*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:** SEAN J GREENE

**MANAGER**

**01/22/2018**

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

\_\_\_\_\_  
Date