

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000166094

**Entity Name:** SGGB L.L.C.

**Current Principal Place of Business:**

9350 ISLES CAY DR  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

9350 ISLES CAY DR  
DELRAY BEACH, FL 33446 US

**FEI Number:** 46-4199315

**Certificate of Status Desired:** No

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

LAMPERT, MICHAEL A  
1655 PALM BEACH LAKES BLVD.  
SUITE 900  
WEST PALM BEACH, FL 33401 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 MGRM  
Name BETTE STERLING DECLARATION OF TRUST DTD 5/13/10  
Address 9350 ISLES CAY DR  
City-State-Zip: DELRAY BEACH FL 33446

Title MGR  
Name SCOTT STERLING  
Address 6225 VIREO CT  
City-State-Zip: LAKE WORTH FL 33463

Title MGRM  
Name GREGG STERLING DECLARATION OF TRUST DATED 5/13/10  
Address 5350 OAKMONT VILLAGE CIR  
City-State-Zip: LAKE WORTH FL 33463

*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:** SCOTT STERLING

**MGR**

**01/20/2017**

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

\_\_\_\_\_  
Date