

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000007959

Entity Name: SG ASSETS, LLC

Current Principal Place of Business:

3156 NORTH VALLEY PIKE
HARRISONBURG, VA 22802

Current Mailing Address:

3156 NORTH VALLEY PIKE
HARRISONBURG, VA 22802 US

FEI Number: 47-1767580

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Authorized Person(s) Detail :

Title PCEO, DIRECTOR
Name HEYDON, TIMOTHY
Address 3156 NORTH VALLEY PIKE
City-State-Zip: HARRISONBURG VA 22802

Title VP
Name KARP, PHILLIP
Address 3156 NORTH VALLEY PIKE
City-State-Zip: HARRISONBURG VA 22802

Title SECRETARY, TREASURER
Name OWEN, RICHARD
Address 3156 NORTH VALLEY PIKE
City-State-Zip: HARRISONBURG VA 22802

Title DIRECTOR
Name JONSSON, ULF
Address 3156 NORTH VALLEY PIKE
City-State-Zip: HARRISONBURG VA 22802

Title DIRECTOR
Name KRISHNAN, SANJEEV
Address 3156 NORTH VALLEY PIKE
City-State-Zip: HARRISONBURG VA 22802

Title DIRECTOR
Name MIXER, BRIAN
Address 3156 NORTH VALLEY PIKE
City-State-Zip: HARRISONBURG VA 22802

Title DIRECTOR
Name MAYORAS, TYLER
Address 3156 NORTH VALLEY PIKE
City-State-Zip: HARRISONBURG VA 22802

Title DIRECTOR
Name PRATT, LARRY
Address 3156 NORTH VALLEY PIKE
City-State-Zip: HARRISONBURG VA 22802

Continues on page 2

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: RICHARD OWEN

SECRETARY

04/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR

Name HENDERSON, DAVE

Address 3156 NORTH VALLEY PIKE

City-State-Zip: HARRISONBURG VA 22802