

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000012847

1. Entity Name
SIGMA CAPITAL PARTNERS, LLC



Principal Place of Business
**1401 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134**

Mailing Address
**1401 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1134235

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAW OFFICES OF CARRILLO & CARRILLO, P.A.
1401 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134**

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARRILLO, PEDRO R 1401 PONCE DE LEON BLVD., SUITE 200 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARRILLO, FELIX R 1401 PONCE DE LEON BLVD., SUITE 200 CORAL GABLES, FL 33134
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01/15/04-80062-001 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

#5/0-4 305-460-6001