

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90253 032 ***150.00

DOCUMENT # L01000013750

1. Entity Name

SIGMA HOLDINGS LLC

Principal Place of Business

**18181 NE 31ST CRT. #2009
 AVENTURA FL 33160**

Mailing Address

**18181 NE 31ST CRT. #2009
 AVENTURA FL 33160**

2. Principal Place of Business

**871 W. OAKLAND PK BLVD
 Suite, Apt. #, etc.
 100**

3. Mailing Address

**871 W. OAKLAND PK BLVD
 Suite, Apt. #, etc.
 100**

City & State

OAKLAND PARK

City & State

OAKLAND PK

4. FEI Number

651132729

Applied For

Not Applicable

Zip

33311

Country

US

Zip

33311

Country

US

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SITTA, GEORGIA
 18181 NE 31ST CRT. #2009
 AVENTURA FL 33160**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2002

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER** ☐ Delete
 NAME **GEORGIA SITTA**
 STREET ADDRESS **18181 NE 31ST CRT #2009**
 CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Change ☒ Addition
 NAME **GEORGIA SITTA**
 STREET ADDRESS **18181 NE 31ST CRT #2009**
 CITY-ST-ZIP **AVENTURA, FL 33160**

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone

4/30/2002 305 216-0802

CP2E083 (9/01)