

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013750 T. Emily Blume SIGMA HOLDINGS LLC	
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Principal Place of Business 871 W OAKLAND PARK BLVD 100 OAKLAND PARK, FL 33311	Mailing Address 871 W OAKLAND PARK BLVD 100 OAKLAND PARK, FL 33311
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02192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1132729	Applied For Not Applicable
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

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7. 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. (If not familiar with, and accept the obligations of registered agent.)

SIGNATURE GEORGIA SITTA, MANAGER 02/19/04

Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when changing agent.)

Filing Fee is \$58.00
Due by May 1, 2004

8. MANAGING MEMBERS/MANAGERS	
NAME SITTA, GEORGIA	TITLE MGR
STREET ADDRESS 18181 NE 31ST COURT #2009	STREET ADDRESS
CITY-STATE-ZIP AVENTURA, FL 33160	CITY-STATE-ZIP
NAME	TITLE
STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
NAME	TITLE
STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
NAME	TITLE
STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP

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02/23/04-80111-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 919.07(2)(b), 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: 01/19/04 (904) 5684915

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