

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

2007 MAY 10 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000012755

1. Entity Name

SIGLER SONS DEVELOPMENT, L.L.C.



Principal Place of Business

1050 FREEMONT STREET  
NEW SMYRNA BEACH FL 32168

Mailing Address

PO BOX 393  
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0752412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIGLER, CHARLES A  
1050 FREEMONT STREET  
NEW SMYRNA BEACH FL 32168

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. 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SIGLER, DEAN M  
1099 TURNBULL CREEK DRIVE  
NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
300103093359  
05/23/07--01010--002 \*\*\*450.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SIGLER, CHARLES A  
2834 OSPREY COVE DR  
NEW SMYRNA BEACH FL 32168 ☐ Delete

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #