## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L02000012755

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME

## ILLED

2007 MAY 10 AM 10: 58

Caytime Phone #

1. Entity Name SIGLER SONS DEVELOPMENT, L.L.C.						SECR	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business  1050 FREEMONT STREET NEW SMYRNA BEACH FL 32168			Mailing Address PO BOX 393 NEW SMYRNA BEACH FL 32168				) (	III 29III ARIH 2015i	11878 (1371 F888) BIIDI	
2. Principal F	Place of Busir	ness - No P.O. Box #	3. Mailing Address							
Suito, Apt. #, etc.			Suite, Apt. #, otc.			_	1st MOORE	CR2E0	83 (10/06)	
City & State			City & State			4. FEI Nur	mber 01-0752	 2412	<del></del>	pplied For lot Applicable
Zip	ip Country		Zip Country		try	5. Certific	ate of Status Desire	ed 🗌	\$5.00 Ad	lditional
6. Name and Address of Current			egistered Agent			7. Name a	and Address of Ne	w Registere	d Agent	
SIG 105	LER, CHA	ARLES A IONT STREET			Name Stroet Address (P.O. Box Number is Not Acceptable)					
NEW SMYRNA BEACH FL 3216			3							
					City	•		F	L Zip Cod	de
8. The above	named entity	y submits this statement for	r the purpose of changing its	registere	ed office or registe	ered agent, or	both, in the State of	of Florida. Ta	m familiar with	, and accept
the obligat	tions of regist	tered agent.								,
SIGNATURE	Signature, typed	or printed name of registered agent a	and tille if applicable. (NOT)	E-Renistere	d Agent signature require	ed when trunstaturo)		DATE		$\longrightarrow$
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RESIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE