

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 29, 2008 8:00 am
Secretary of State

08-11-2008 90028 016 ****88.75
07-16-2008 90022 007 ****50.00

DOCUMENT # L02000017677					
1. Entity Name SBG, LLC					
Principal Place of Business 1110 JASMINE CREEK CT SUN CITY CENTER, FL 33573			Mailing Address 1110 JASMINE CREEK CT SUN CITY CENTER, FL 33573		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07152008 Chg-LLC CR2E083 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 14-1844289	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SIMONINI, ALFRED R 1110 JASMINE CREEK CT SUN CITY CENTER, FL 33573			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Alfred R. Simonini</i> DATE:					
FILE NOTICE FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIMONINI, ALFRED R 1110 JASMINE CREEK C. SUN CITY CENTER, FL 33573 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Alfred R. Simonini</i>			8/25/08 1-813-633-5531		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					