

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000019481

1. Entity Name
SIGNATURE FUNDING LLC



Principal Place of Business
12600 S. BELCHER ROAD
SUITE 106 K
LARGO, FL 33773 US

Mailing Address
12600 S. BELCHER ROAD
SUITE 106 K
CLEARWATER, FL 33773 US

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1438377

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY B. SILVERSTEIN, P.A.
150 SECOND AVE. N
SUITE 900
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GEIGER, CONNIE
12600 S. BELCHER ROAD SUITE 106A
LARGO, FL 33773

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GEIGER, WILLIAM Z
12600 S. BELCHER ROAD SUITE 106 A
LARGO, FL 33773

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000958871
09/03/08-80006-011 538.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

8-29-08

Date

Daytime Phone #