

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029767

Entity Name: CYG, LLC

FILED  
Jul 11, 2006  
Secretary of State

## Current Principal Place of Business:

920 OXFORD DRIVE  
ST. AUGUSTINE, FL 32084

## New Principal Place of Business:

340 CBL DRIVE  
SUITE 103  
ST. AUGUSTINE, FL 32086

## Current Mailing Address:

920 OXFORD DRIVE  
ST. AUGUSTINE, FL 32084

## New Mailing Address:

340 CBL DRIVE  
SUITE 103  
ST. AUGUSTINE, FL 32086

FEI Number: 20-0337520      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ALEXANDER, J. STEPHEN  
19 OLD MISSION AVENUE  
ST. AUGUSTINE, FL 32084      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: GROULX, CINDY Y  
Address: 920 OXFORD DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: GROULX, CINDY Y  
Address: 979 OXFORD DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CINDY GROULX

MGR

07/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date