

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000033425

Entity Name: SIGMA SUB I, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

114 MISSION TRACE DRIVE  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

114 MISSION TRACE DRIVE  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 03-0543524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THORNTON, THOMAS M  
21205 NE 37 AVE.  
#2307  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

THORNTON, THOMAS M  
114 MISSION TRACE DRIVE  
ST. AUGUSTINE, FL 32084 US

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:

01/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THORNTON, THOMAS M  
Address: 114 MISSION TRACE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM  
Name: THORNTON, MARY C  
Address: 114 MISSION TRACE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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: MARY C. THORNTON

MGRM

01/04/2012

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