


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

| | |
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| DOCUMENT # L04000043035 1. Entity Name SIGMAR, LLC |  |
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| Principal Place of Business 835 HAMMOCKS DRIVE OCOE, FL 34761 US | Mailing Address 835 HAMMOCKS DRIVE OCOE, FL 34761 US |
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 41-2140242 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent O'CONNOR, JACQUELINE 835 HAMMOCKS DRIVE OCOE, FL 34761 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR O'CONNOR, JACQUELINE 835 HAMMOCKS DRIVE OCOE, FL 34761 |
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U000000892549

04/23/08-80071-007 138.75

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: *Jacqueline O'Connor, Mgr.* **JACQUELINE O'CONNOR, MGR.** *4/8/08* **407-299-16300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #