

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000076889

Entity Name: SIGMA SOLUTIONS, LLC

FILED  
Jun 12, 2006  
Secretary of State

**Current Principal Place of Business:**

16346 ASHINGTON PARK DR.  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

16346 ASHINGTON PARK DR.  
TAMPA, FL 33647 US

**New Mailing Address:**

FEI Number: 36-4562687

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, KHAMIR H  
16346 ASHINGTON PARK DR.  
TAMPA, FL 33647 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: MD ( ) Delete  
Name: PATEL, KHAMIR H  
Address: 16346 ASHINGTON PARK DR.  
City-St-Zip: TAMPA, FL 33647 US

Title: MD ( ) Delete  
Name: PATEL, HARDEVBHAI D  
Address: 16346 ASHINGTON PARK DR.  
City-St-Zip: TAMPA, FL 33647 US

Title: MD (X) Delete  
Name: PATEL, HETVI K  
Address: 16346 ASHINGTON PARK DR.  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MD (X) Change ( ) Addition  
Name: PATEL, HETVI K  
Address: 16346 ASHINGTON PARK DR.  
City-St-Zip: TAMPA, FL 33647 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KHAMIR PATEL

MD

06/12/2006

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