

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000080752**

1. Entity Name  
SGH HOLDINGS, LLC



Principal Place of Business  
15923 BISCAYNE BOULEVARD  
SUITE 212  
NORTH MIAMI, FL 33160

Mailing Address  
15923 BISCAYNE BOULEVARD  
SUITE 212  
NORTH MIAMI, FL 33160



02042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1891265

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PADRON, CARLOS E ESQ  
2 ALHAMBRA PLAZA, SUITE 860  
CORAL GABLES, FL 33134

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 HANFLING, SUZANNE 15923 BISCAYNE BOULEVARD NORTH MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANFLING, GUILLERMO 15923 BISCAYNE BOULEVARD NORTH MIAMI, FL 33160
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U000000830746  
02/26/08-80095-015 138.75

**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

Date

Daytime Phone #