2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007
Secretary of State

DOCUMENT# L04000092800

Entity Name: FSIG, LLC

Current Principal Place of Business:

137 ALEX CIRCLE
STATEN ISLAND, NY 10305

New Principal Place of Business:

85 MASON ST
APT 1
STATEN ISLAND, NY 10304

Current Mailing Address:

137 ALEX CIRCLE
STATEN ISLAND, NY 10305

New Mailing Address:

85 MASON ST
APT 1
STATEN ISLAND, NY 10304

FEI Number: 20-2067886 **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:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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: MGRM ( ) Delete
Name: SHIFER, YEVGENIY
Address: 137 ALEX CIRCLE
City-St-Zip: STATEN ISLAND, NY 10305

Title: MGRM ( ) Delete
Name: FRAIMAN, MICHAEL
Address: 78 GARRETSON LANE
City-St-Zip: STATEN ISLAND, NY 10304

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SHIFER, YEVGENIY
Address: 85 MASON ST, APT 1
City-St-Zip: STATEN ISLAND, NY 10304

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

I hereby certify that the information supplied with this filing does not qualify 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: YEVGENIY SHIFER MGRM 06/04/2007

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