


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90366 043 \*\*\*\*50.00

DOCUMENT # L05000012400	
1. Entity Name SGFL, LLC	

Principal Place of Business 1920 E. HALLANDALE BEACH BLVD <del>STE 609</del> <b>638</b> HALLANDALE BEACH, FL 33009	Mailing Address 1920 E. HALLANDALE BEACH BLVD. <del>STE 609</del> <b>638</b> HALLANDALE BEACH, FL 33009
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**30012051**



05012007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG & FERRER-CARR  
 301 W. HALLANDALE BEACH BLVD.  
 HALLANDALE BEACH, FL 33009

**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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SION, MAURICIO 1920 E. HALLANDALE BEACH BLVD., SUITE <del>609</del> <b>638</b> HALLANDALE BEACH, FL 33009
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**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: *Mauricio Sion* **Mauricio Sion** **6/3/07** **9544547616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #