

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050091

Entity Name: SING INVESTMENT, LLC

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

19122 ROGERS RD.
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

P.O.POX 951
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 20-2866221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARSOUM, SAMIR R
19122 ROGERS RD.
ODESSA, FL 33556 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: BARSOUM, SAMIR R
Address: 19122 ROGERS RD.
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM () Delete
Name: BARSOUM, NADIA Y
Address: 19122 ROGERS RD.
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM () Delete
Name: BARSOUM, IHAB S
Address: 4813 TANNERY AVENUE
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM () Delete
Name: BARSOUM, GIHAN A
Address: 4813 TANNERY AVENUE
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES:

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

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

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

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: SAMIR R. BARSOUM

MGRM

03/18/2009

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