## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000098633**

1. Entity Name
**SGP HOLDINGS LLC**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1303 TERRACE BLOCK PLACE~~ | ~~1303 TERRACE BLOCK PLACE~~ |
| TEMPLE TERRACE, FL 33637 | TEMPLE TERRACE, FL 33637 |

*13003 Terrace Brook Place*

## DO NOT WRITE IN THIS SPACE

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

PATEL, GHANSHYAM ~~BROOK~~
~~13003 TERRACE BLOCK PLACE~~  *13003 Terrace Brook place*
TEMPLE TERRACE, FL 33637

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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 _____ *Ghanshyam Patel* _____ *4-25-08*

Signature, typed or printed name of registered agent and title 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 | MGR |
| NAME | PATEL, GHANSHYAM  *13003 Terrace Brook Place* |
| STREET ADDRESS | ~~1303 TERRACE BLOCK PLACE~~  *Brook* |
| CITY-ST-ZIP | TAMPA, FL 33637 |
| TITLE | MGR |
| NAME | PATEL, SAROJ |
| STREET ADDRESS | 13003 TERRACE BROOK PLACE |
| CITY-ST-ZIP | TAMPA, FL 33637 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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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:** _____  *4-26-08*  *813-454-2408*

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

| 4. FEI Number | Applied For |
|---|---|
| 20-3590117 | Not Applicable |

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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