

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90019 038 ****50.00

DOCUMENT # L05000111359

1. Entity Name
SIGN FACTORY, LLC



Principal Place of Business
**C/O ROZENCWAIG & FERRERO-CARR
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009**

Mailing Address
**C/O ROZENCWAIG & FERRERO-CARR
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009**

2. Principal Place of Business
8333 N.W. 66th St.
Suite, Apt. #, etc.

3. Mailing Address
8333 N.W. 66th St.
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33166 Country
USA

City & State
Miami FL
Zip
33166 Country
USA

04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3820151

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
ROZENCWAIG, LADEL & FERRERO-CARR LP
Street Address (P.O. Box Number is Not Acceptable)
301 W. HALLANDALE BEACH BLVD

City
HALLANDALE BEACH FL Zip Code
33009

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]* DATE **4/6/06**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☐ Delete
NAME
PINA, JUAN
STREET ADDRESS
301 W. HALLANDALE BEACH BLVD.
CITY-ST-ZIP
HALLANDALE BEACH, FL 33009

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

17 April 2006
Date

Daytime Phone #