

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90332 009 ****50.00

DOCUMENT # L05000114628

1. Entity Name
L.I.G. INVESTMENTS LLC



Principal Place of Business
321 CORONADO DRIVE
CLEARWATER, FL 33767 US

Mailing Address
321 CORONADO DRIVE
CLEARWATER, FL 33767 US

60041000



DO NOT WRITE IN THIS SPACE

01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3895937

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, ROLAND J
321 CORONADO DRIVE
CLEARWATER, FL 33767

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------|
| TITLE | MGRM |
| NAME | ROGERS, ROLAND J |
| STREET ADDRESS | 321 CORONADO DRIVE |
| CITY-ST-ZIP | CLEARWATER, FL 33767 |
| TITLE | MGRM |
| NAME | WILLIAMS, TERRY L |
| STREET ADDRESS | 321 CORONADO DRIVE |
| CITY-ST-ZIP | CLEARWATER, FL 33767 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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: _____

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

Date

Daytime Phone #