

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90257 042 ****50.00

DOCUMENT # L06000009960

1. Entity Name
SIGNATURE G 100, L.L.C.



Principal Place of Business
8666 SEMINOLE BLVD.
SEMINOLE, FL 33772 US

Mailing Address
8666 SEMINOLE BLVD.
SEMINOLE, FL 33772 US

60048059



2. Principal Place of Business - No P.O. Box #
8200 113th STREET

3. Mailing Address
8200 113th STREET

Suite, Apt. #, etc.
SUITE #103

Suite, Apt. #, etc.
SUITE #103

04012007 Chg-LLC CR2E083 (12/06)

City & State
SEMINOLE, FL

City & State
SEMINOLE, F

4. FEI Number
20-4194294

Applied For
Not Applicable

Zip
33772

Country
Pinellas

Zip
33772

Country
Pinellas

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

6. Name and Address of Current Registered Agent

BARTHOLMEY, SCOTT
8666 SEMINOLE BLVD.
SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8200 113th STREET SUITE #103

City
SEMINOLE

FL

Zip Code
33772

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 **SCOTT BARTHOLMEY**
Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/07
DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BARTHOLMEY, SCOTT
~~8666 SEMINOLE BLVD.~~
SEMINOLE, FL 33772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCARR, BARRY
~~8229 113th STREET NORTH~~
SEMINOLE, FL 33772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**8200 113th STREET SUITE #103
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**8200 113th STREET SUITE 202
SEMINOLE, FL 33772**

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

SCOTT BARTHOLMEY **4/30/07**
Date Daytime Phone #