

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057355

FILED
Apr 24, 2007
Secretary of State

Entity Name: SIFONTECH, LLC

Current Principal Place of Business:

3658 NW 41 PLACE
N/A
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

3658 NW 41 PLACE
N/A
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIFONTES, IBELISA C
3658 NW 41 PLACE
N/A
GAINESVILLE, FL 32605 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: MGR () Delete
Name: SIFONTES, IBELISA C MRS.
Address: 3658 NW 41 PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: MGRM () Delete
Name: SIFONTES, JOSE R DR.
Address: 3658 NW 41 PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: MGRM () Delete
Name: SIFONTES, JOSE J SR.
Address: 3658 NW 41 PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: MGRM () Delete
Name: SIFONTES, ANDRES E MR.
Address: 3658 NW 41 PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: MGRM () Delete
Name: SIFONTES, ALEJANDRO E MR.
Address: 3658 NW 41 PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: MGRM () Delete
Name: SIFONTES, EDUARDO R MR.
Address: 3658 NW 41 PLACE
City-St-Zip: GAINESVILLE, FL 32605 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
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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: SIFONTES, JOSE R.

MGRM

04/24/2007

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