2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L06000057355

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 MR.	
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
Name:	
Address:	
City-St-Zip:	
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: JOSE R SIFONTES MGRM 04/24/2009

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