

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057355

Entity Name: SIFONTECH, LLC

FILED  
Feb 16, 2010  
Secretary of State

**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  
Name: SIFONTES, IBELISA C MRS.  
Address: 3658 NW 41 PLACE  
City-St-Zip: GAINESVILLE, FL 32605 US

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

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

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

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

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

I hereby 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: IBELISA C SIFONTES

MGR

02/16/2010

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