

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095910

Entity Name: SG ASSET LOCATORS, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

3471 SW 143 COURT
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

3471 SW 143 COURT
MIAMI, FL 33175

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:

SAAVEDRA, ORLANDO
3471 SW 143 COURT
MIAMI, FL 33175 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: MGRM () Delete
Name: SAAVEDRA, ORLANDO
Address: 3471 SW 143 COURT
City-St-Zip: MIAMI, FL 33175 US

Title: MGR () Delete
Name: SAAVEDRA, LILIANA
Address: 3471 SW 143 COURT
City-St-Zip: MIAMI, FL 33175

Title: MGR () Delete
Name: GONZALEZ, ALEJANDRO
Address: 1768 SW 143RD PL
City-St-Zip: MAMI, FL 33175 US

Title: MGR () Delete
Name: GONZALEZ, ILEANA
Address: 1768 SW 143RD PL
City-St-Zip: MIAMI, FL 33175

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:

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: ORLANDO SAAVEDRA

MR

04/27/2009

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