

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113216

FILED
Apr 20, 2009
Secretary of State

Entity Name: S.I.G. LLC

Current Principal Place of Business:

40 SARAGOSSA STREET
SUITE 2
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

40 SARAGOSSA STREET
SUITE 2
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-8054746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMSON, CRAIG S
40 SARAGOSSA STREET
SUITE 2
ST AUGUSTINE, FL 32084 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: THOMSON, CRAIG S
Address: 40 SARAGOSSA STREET SUITE 2
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: CASTAGNA, DANIEL J
Address: 4200 WICKS BRANCH RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: HIGGINS, AARON J
Address: 40 SARAGOSSA ST STE 1
City-St-Zip: ST AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: DALY, AMELIA L
Address: 40 SARAGOSSA ST STE 1
City-St-Zip: ST AUGUSTINE, FL 32084

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: CRAIG S. THOMSON

MGRM

04/20/2009

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