## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101877

Address:

City-St-Zip:

Entity Name: CIGNAL TECHNOLOGIES, LLC

215 S. OLIVE AVENUE, SUITE 201

WEST PALM BEACH, FL 33401

FILED Aug 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 215 S. OLIVE AVENUE, SUITE 201 WEST PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** 215 S. OLIVE AVENUE, SUITE 201 WEST PALM BEACH, FL 33401 FEI Number: 26-3643080 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARROZZA, PHILIP 215 S. OLIVÉ AVENUE, SUITE 201 WEST PALM BEACH, FL 33401 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CARROZZA, PHILIP Name: Name: Address: 215 S. OLIVE AVENUE, SUITE 201 Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KUPPE, LORAINE 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: PHILIP CARROZZA MMEM 08/29/2009