

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115651

FILED
May 01, 2009
Secretary of State

Entity Name: SUMMIT INVESTMENT GROUP A, LLC

Current Principal Place of Business:

6035 SHELTON STREET
SEBRING, FL 33876 US

New Principal Place of Business:

Current Mailing Address:

6035 SHELTON STREET
SEBRING, FL 33876 US

New Mailing Address:

FEI Number: ☐ **FEI Number Applied For (X)** ☐ **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:

BIEDA, LEVI
6035 SHELTON STREET
SEBRING, FL 33876 US

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: BIEDA, LEVI
Address: 6035 SHELTON STREET
City-St-Zip: SEBRING, FL 33876 US

Title: MGRM () Delete
Name: BIEDA, MIMI
Address: 6035 SHELTON STREET
City-St-Zip: SEBRING, FL 33876 US

Title: MGRM () Delete
Name: BONNARDEL, KENNETH
Address: 20130 NE 26 AVENUE
City-St-Zip: MIAMI, FL 33180 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:

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: LEVI BIEDA

MGRM

05/01/2009

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