

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90027 012 ****50.00

DOCUMENT # M03000002407

1. Entity Name
SIDUS FINANCIAL, LLC



Principal Place of Business
**1905 TURNBURY DRIVE
GREENVILLE, NC 27858**

Mailing Address
**1905 TURNBURY DRIVE
GREENVILLE, NC 27858**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2148480

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
COSBY, F. SPENCER JR
1905 TURNBURY DRIVE
GREENVILLE, NC 27858**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOS
ROGERS, J. ARTIE
1905 TURNBURY DRIVE
GREENVILLE, NC 27858**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LONG, WILLIAM
209 N BRIDGE ST
ELKIN, NC 28621**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LEWIS, EDWIN
209 N BRIDGE ST
ELKIN, NC 28621**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRUBAKER, JOHN
140 JEFFERSON RD
BOONE, NC 28607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMOAK, JAMES
209 N BRIDGE ST
ELKIN, NC 28621**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/5/07 (252) 353-6222