

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90252 027 ****50.00

DOCUMENT # M04000004258

1. Entity Name
SIGNET ENTERPRISES, LLC



Principal Place of Business
**75 EAST MARKET STREET
AKRON, OH 44308**

Mailing Address
**75 EAST MARKET STREET
AKRON, OH 44308**

DO NOT WRITE IN THIS SPACE



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
04-3701619

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRENNAN, MANNA & DIAMOND, P.L.
76 SOUTH LAURA STREET
SUITE 2110
JACKSONVILLE, FL 32202**

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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	MGRM MANNA, ANTHONY S 76 SOUTH LAURA ST. STE 2110 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRISMANTH, KENNETH J 76 SOUTH LAURA ST. STE 2110 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORR, MARK S 75 EAST MARKET STREET SUITE 330 AKRON, OH 44308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

Anthony S. Manna,
MGRM

4-27-07

Date

Daytime Phone #