2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2008
Secretary of State

DOCUMENT# M06000004450

Entity Name: SIGMA DELAND, LLC

Current Principal Place of Business:

9 LEWIS STREET
LEXINGTON, VA 24450

New Principal Place of Business:

Current Mailing Address:

9 LEWIS STREET
LEXINGTON, VA 24450

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

PYLE, CLINTON E
2900 HARTLEY ROAD
JACKSONVILLE, FL 32257 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:	MGR	( ) Delete
Name:	RATTERMAN, STEPHEN E SR	
Address:	9 LEWIS STREET	
City-St-Zip:	LEXINGTON, VA 24450	
Title:	MGR	( ) Delete
Name:	MURPHY, NICHOLAS L	
Address:	9 LEWIS STREET	
City-St-Zip:	LEXINGTON, VA 24450	
Title:	MGR	( ) Delete
Name:	PYLE, CLINTON E	
Address:	2900 HARTLEY RD.	
City-St-Zip:	JACKSONVILLE, FL 32257	

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: NICHOLAS L. MURPHY MGR 06/11/2008

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