

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003220

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** SIGMA TALLAHASSEE, LLC

**Current Principal Place of Business:**

9 N LEWIS STREET  
LEXINGTON, VA 24450

**New Principal Place of Business:**

**Current Mailing Address:**

9 N LEWIS STREET  
LEXINGTON, VA 24450

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PYLE, CLINTON E  
2900 HARTLEY RD  
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  
Name: RATTERMAN, STEPHEN  
Address: 9 N LEWIS STREET  
City-St-Zip: LEXINGTON, VA 24450

Title: MGR  
Name: MURPHY, NICHOLAS L  
Address: 9 N LEWIS STREET  
City-St-Zip: LEXINGTON, VA 24450

Title: MGR  
Name: GOOLSBY, MATTHEW T  
Address: 3010 BLACKSTOCK DRIVE  
City-St-Zip: CUMMING, GA 30041

I hereby 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. MUPRHY                      MGR                      01/13/2010

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