

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90083 003 \*\*\*\*50.00

**DOCUMENT # M98000001412**



1. Entity Name  
**SIGUE, L.L.C.**

Principal Place of Business  
**2533 N. CARSON ST., SUITE 3486  
SUITE 3486  
CARSON CITY, NV 89706**

Mailing Address  
**2533 N. CARSON ST., SUITE 3486  
SUITE 3486  
CARSON CITY, NV 89706**

**34007177**



2. Principal Place of Business  
**1518 San Fernando Road**  
Suite, Apt. #, etc.:

3. Mailing Address  
**1518 San Fernando Road**  
Suite, Apt. #, etc.:

04142004 Chg-LLC CR2E083 (10/03)

City & State  
**San Fernando, California**  
Zip  
**91340** Country  
**USA**

City & State  
**San Fernando, California**  
Zip  
**91340** Country  
**USA**

4. FEI Number  
**88-0386156** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATE RESEARCH SOLUTIONS, INC.  
1333 N. DUVAL STREET  
TALLAHASSEE, FL 32303**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAPPAS, CHRISTINA 1518 SAN FERNANDO ROAD SAN FERNANDO, CA 91340 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELA VINA, GUILLERMO 1518 SAN FERNANDO ROAD SAN FERNANDO, CA 91340 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELA VINA, ALFREDO 1518 SAN FERNANDO ROAD SAN FERNANDO, CA 91340 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/CEO</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition MGRM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition MEMBER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Guillermo de la Vina*

5/13/04

(818) 493-5103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Guillermo de la Vina, Manager/Member/Pres.

Date

Daytime Phone #