
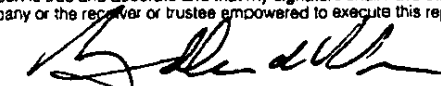


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

4/1.

04-13-2007 90043 012 \*\*\*\*50.00

DOCUMENT # M98000001412					
1. Entity Name SIGUE, L.L.C.					
Principal Place of Business 1518 SAN FERNANDO ROAD SAN FERNANDO, CA 91340			Mailing Address 1518 SAN FERNANDO ROAD SAN FERNANDO, CA 91340		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP DELA VINA, GUILLERMO 1518 SAN FERNANDO ROAD SAN FERNANDO, CA 91340 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Member /Chairman/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Guillermo de la Vina 1518 SAN FERNANDO ROAD SAN FERNANDO, CA 91340		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DELA VINA, ALFREDO 1518 SAN FERNANDO ROAD SAN FERNANDO, CA 91340 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member /Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alfredo de la Vina 1518 SAN FERNANDO ROAD SAN FERNANDO, CA 91340		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:  Guillermo de la Vina, Manager/ Member April 2, 2007 (818) 493-5101					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

30000000



03282007 Chg-LLC CR2E083 (12/06)

4. FEI Number 88-0386156 Applied For Not Applicable

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