

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000082761

**Entity Name:** SIGMA MIAMI, LLC

**Current Principal Place of Business:**

2950 GLADES CIRC  
UNIT #18  
WESTON, FL 33327

**Current Mailing Address:**

2950 GLADES CIRCLE  
UNIT 18  
WESTON, FL 33327

**FEI Number:** 20-3375321

**Certificate of Status Desired:** No

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

ALVARO CASTILLO B., P.A.  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name STREIT, SIEGFRIED AMR  
Address 2950 GLADES CR, UNIT 18  
City-State-Zip: WESTON FL 33327

Title MGR  
Name PADRON, MARIA PMRS  
Address 2950 GLADES CR, UNIT 18  
City-State-Zip: WESTON FL 33327

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA PADRON

**MANAGER**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date