FILED
May 06, 2008 0
Secretary of

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000008435

1. Entity Name
MERRIGAN & CASSIDY LLC

Principal Place of Business	Mailing Address
8702 KNIGHTSBRIDGE COURT UNIT #D KISSIMMEE, FL 34741	C/O DIANNA H ASHTON INC 430 STATE ROAD 436 STE 236 CASSELBERRY, FL 32707

DO NOT WRITE IN THIS SPACE

05012008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
98-0388097
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIANNA H ASHTON INC
430 STATE ROAD 436
SUITE 236
CASSELBERRY, FL 32707

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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MERRIGAN, ANN
STREET ADDRESS	28 MOLESWORTH STREET
CITY-ST-ZIP	DUBLIN, 2 IRELAND
TITLE	MGRM
NAME	CASSIDY, PETER
STREET ADDRESS	28 MOLES WORTH STREET
CITY-ST-ZIP	DUBLIN, 2 IRELAND
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/08-80004-015 138.75

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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: _____ April 30th 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #