

May 06, 2008 0
Secretary of**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000008435	
1. Entity Name MERRIGAN & CASSIDY LLC	

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

DO NOT WRITE IN THIS SPACE



05012008No 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
--

**DO NOT WRITE
IN THIS SPACE**

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)

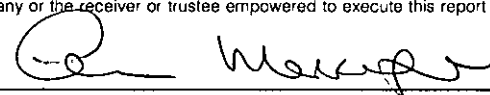
DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRIGAN, ANN 28 MOLESWORTH STREET DUBLIN, 2 IRELAND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSIDY, PETER 28 MOLES WORTH STREET 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	

**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

April 30th 2008

Date

Daytime Phone #