


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90100 036 ****50.00

DOCUMENT # L01000008864

1. Entity Name
QUIVER HOLDINGS, LLC



Principal Place of Business
**1818 97TH ST. NORTH
 BRADENTON, FL 34280**

Mailing Address
**P.O. BOX 14847
 BRADENTON, FL 34280**

60002110

2. Principal Place of Business
1818 97 ST N.W.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Bradenton FL

City & State
 Suite, Apt. #, etc.

Zip
34209

Country
USA



04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1109037

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ARROJO, GUSTAVO
 2225 59 ST W STE B
 BRADENTON, FL 34209**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**



9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARROJO, GUSTAVO V P.O. BOX 14847 BRADENTON, FL 34280 <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	MGR ARROJO, MARTA PO BOX 14847 BRADENTON, FL 34280 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE: *Gustavo A. Arrojo* **4/27/05 (941) 761-3777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #