

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015741

FILED
Apr 28, 2009
Secretary of State

Entity Name: MULLIGAN INVESTMENTS, LLC

Current Principal Place of Business:

991 S. STATE ROAD #7
SUITE 10A
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

991 S. STATE ROAD #7
SUITE 10A
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 01-0725580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLIGAN, MICHAEL J SR.
991 S. STATE ROAD #7
SUITE 10A
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MULLIGAN, MICHAEL J SR.
Address: 590 EAST LAKE DASHA DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: MULLIGAN, MICHAEL J JR.
Address: 590 EAST LAKE DASHA DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: MULLIGAN, ALICIA
Address: 590 EAST LAKE DASHA DRIVE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL J MULLIGAN SR

MR

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date