

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037430

Entity Name: GIGWELRUN HOLDINGS, LLC

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

GIGLER STATE FARM AGENCY
526 N. WASHINGTON STREET
NAPERVILLE, IL 60563

New Principal Place of Business:

Current Mailing Address:

GIGLER STATE FARM AGENCY
526 N. WASHINGTON STREET
NAPERVILLE, IL 60563

New Mailing Address:

FEI Number: 20-0267763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENT RUNNELLS, P.A.
101 MAIN STREET
SUITE A
SAFETY HARBOR, FL 34695 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: GIGLER, WILLIAM J
Address: 526 N. WASHINGTON STREET
City-St-Zip: NAPERVILLE, IL 60563

Title: MGRM () Delete
Name: WELDON, RICHARD
Address: 101 MAIN STREET, SUITE A
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM () Delete
Name: RUNNELLS, KENT
Address: 101 MAIN STREET, SUITE A
City-St-Zip: SAFETY HARBOR, FL 34695

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 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: WILLIAM J GIGLER

MGRM

01/13/2006

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