

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000037430

1. Entity Name
GIGWELRUN HOLDINGS, LLC



Principal Place of Business
GIGLER STATE FARM AGENCY
526 N. WASHINGTON STREET
NAPERVILLE, IL 60563

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



04132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0267763

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENT RUNNELLS, P.A.
101 MAIN STREET
SUITE A
SAFETY HARBOR, FL 34695

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GIGLER, WILLIAM J
STREET ADDRESS 526 N. WASHINGTON STREET
CITY- ST- ZIP NAPERVILLE, IL 60563

TITLE MGRM
NAME WELDON, RICHARD
STREET ADDRESS 101 MAIN STREET, SUITE A
CITY- ST- ZIP SAFETY HARBOR, FL 34695

TITLE MGRM
NAME RUNNELLS, KENT
STREET ADDRESS 101 MAIN STREET, SUITE A
CITY- ST- ZIP SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
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CITY- ST- ZIP

U00000724658
05/02/07-80121-003 50.00

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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

Date

Daytime Phone #

4/13/2007 630-355-4250