▶ 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037430

1. Entity Name GIGWELRUN HOLDINGS, LLC



FILED Apr 21, 2008 08:00 A Secretary of State

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



04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 20-0267763 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

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 p	urpose 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

MANACING MEMBERS/MANACEDS

(NOTE: Registered Agent signature required when rainstating)

DATE

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

U00000912988 05/07/08-80101-020 138.75

₹.	MANAGING WEMBERS/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		
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NAME		
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CITY-ST-ZIP		
44. I hardly cartify that the information complied with this filing does not qualify for the		

DO NOT WRITE IN THIS SPACE

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 606, Florida Statutes.

SIGNATURE:

G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/12/2018 630.355-4250