

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021200

FILED
Sep 23, 2009
Secretary of State

Entity Name: QUINLAN CONSTRUCTION LLC

Current Principal Place of Business:

2606 HASTINGS DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2606 HASTINGS DRIVE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 10-4621849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

QUINLAN, MICHAEL B
2606 HASTINGS DRIVE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US

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: DEVIN NEWMAN FOR ALL FLORIDA FIRM INC

09/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: QUINLAN, MICHAEL B
Address: 2606 HASTINGS DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR () Delete
Name: FARNSWORTH, STEVEN
Address: 165 RIDGEWOOD DR.
City-St-Zip: CRAWFORDVILLE, FL 323270474

ADDITIONS/CHANGES:

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 B QUINLAN

MGR

09/23/2009

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