

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042736

Entity Name: QUICK HANGERS, LLC.

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

9838 OLD BAYMEADOWS RD.
327
JACKSONVILLE, FL 32256

Current Mailing Address:

9838 OLD BAYMEADOWS RD.
327
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

9838 OLD BAYMEADOWS RD.
327
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 20-1210082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANDUGANO, PEDRO T
830 OLD BAYMEADOWS RD.
92
JACKSONVILLE, FL 32216 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: MANDUGANO, PEDRO T
Address: 3400 TOWNSEND BLVD
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: MGRM () Delete
Name: ROBLES, SALOMON
Address: 8880 OLD KINGS RD. SOUTH #19W
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGRM () Delete
Name: LADINO, REBECCA B
Address: 9838 OLD BAYMEADOWS RD #327
City-St-Zip: JACKSONVILLE, FL 32256 US

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: PEDRO T MANDUJANO

MGRM

02/16/2007

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