2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/31/2006-90044-035-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 9: 12

DOCUMENT # L05000014431

1. Entity Name
CALL ME QUICK LLC

Principal Place of Business	Mailing Address
561 SHARON CIRCLE PORT CHARLOTTE FL 33952	561 SHARON CIRCLE PORT CHARLOTTE FL 33952

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
27275-A Whitman Ave	27275-A Whitman Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda FL	City & State: Punta Gorda FL
Zip: 33983 Country:	Zip: 33983 Country:

4. FEI Number: 202883257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ESHBAUGH, MARIALICE
561 SHARON CIRCLE
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Marialice Eshbaugh DATE 8-28-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESHBAUGH, MARIALICE 561 SHARON CIRCLE PORT CHARLOTTE FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESHBAUGH, GARY 561 SHARON CIRCLE PORT CHARLOTTE FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Marialice Eshbaugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #