2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 09, 2008 8:00 am Secretary of State **DOCUMENT # L05000079067** 1. Entity Name 04-09-2008 90125 038 ***138.75 QUIGLEY, LLC Mailing Address Principal Place of Business 8899 S.W. 14TH AVE. 8899 S.W. 14TH AVE. OCALA, FL 34476 OCALA, FL 34476 CR2E083 (12/07) 01052008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3174976 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VANADESTINE, ALFRED DO NOT WRITE 8899 S.W. 14TH AVE. OCALA, FL 34476 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remittating) FILE NOW!!!, FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE VANADESTINE, ALFRED NAME 8899 S.W. 14TH AVE. STREET ADDRESS OCALA, FL 34476 CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: extstyle ex352-861-940i SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Devime Phone #

CITY-ST-ZIP