

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000051761

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** JAMES M. MCQUAIG INVESTIGATIONS, LLC

**Current Principal Place of Business:**

9897 NW 160TH AVE  
MORRISTON, FL 326687018

**New Principal Place of Business:**

**Current Mailing Address:**

9897 NW 160TH AVE  
MORRISTON, FL 326687018

**New Mailing Address:**

**FEI Number:** 20-4897094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCQUAIG, JAMES M  
9897 NW 160TH AVE  
MORRISTON, FL 326687018 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  
Name: MCQUAIG, JAMES M  
Address: 9897 NW 160TH AVE  
City-St-Zip: MORRISTON, FL 326687018

I hereby 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: JAMES M MCQUAIG

MGRM

01/25/2011

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