2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L06000058452

Entity Name: WIGSHAW, LLC

Current Principal Place of Business:

14024 NW US HIGHWAY 441
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

PO BOX 1857
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 56-2591111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIGGINS, J. ARDENE
14024 NW US HIGHWAY 441
ALACHUA, FL 32615 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: MGR ( ) Delete
Name: FIELDS, ERIC
Address: PO BOX 1857
City-St-Zip: ALACHUA, FL 32616 US

Title: MGR ( ) Delete
Name: HAWLEY, CRAIG P
Address: 300 SW 143RD ST
City-St-Zip: JONESVILLE, FL 32669 US

Title: MGR ( ) Delete
Name: SHAW, JAMES W
Address: 13505 NW 88TH PLACE
City-St-Zip: ALACHUA, FL 32615 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 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: J. ARDENE WIGGINS AGEN 03/24/2009

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