

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061172

Entity Name: QUICK SIGNS N MORE LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

278 RICHMOND AVE S
LEHIGH ACRES, FL 33936

New Principal Place of Business:

5565 LEE ST
UNIT 5
LEHIGH ACRES, FL 33971

Current Mailing Address:

278 RICHMOND AVE S
LEHIGH ACRES, FL 33936

New Mailing Address:

5565 LEE ST
UNIT 5
LEHIGH ACRES, FL 33971

FEI Number: 20-5067770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY, DUTTKO
278 RICHMOND AVE S
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

MICHAEL, ROBERE
5565 LEE ST
UNIT 5
LEHIGH ACRES, FL 33971 US

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: MICHAEL ROBERE

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MICHAEL, ROBERE
Address: 1702 EAST 10 TH ST
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: MGR () Delete
Name: SHIRLEY, DUTTKO
Address: 278 RICHMOND AVE S
City-St-Zip: LEHIGH ACRES, FL 33936 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MICHAEL, ROBERE
Address: 8552 PEGASUS DRIVE
City-St-Zip: LEHIGH ACRES, FL 33971 US

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: MICHAEL ROBERE

MGR

01/04/2008

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