

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01292008 Chg-LLC CR2E083 (12/08)

DOCUMENT # L06000104500					
1. Entity Name QUIGLEY'S GUNITE SPECIALISTS, LLC					
Principal Place of Business 27275 JOLLY RODGER LANE BONITA SPRINGS, FL 34135			Mailing Address 27275 JOLLY RODGER LANE BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5910297	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE REGISTERED AGENT, LLC 5147 CASTELLO DRIVE NAPLES, FL 34103			7. Name and Address of New Registered Agent Name DAVID MARK QUIGLEY Street Address (P.O. Box Number is Not Acceptable) 27275 JOLLY RODGER LANE City BONITA SPRINGS FL Zip Code 34135		
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 <u>DM Quigley</u> DAVID MARK QUIGLEY 2/4/2008 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARLOW GROUP HOLDINGS, LLC 27275 JOLLY RODGER LANE BONITA SPRINGS, FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700117316387 02/06/08--01042--003 **138.75 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS QUIGLEY, D MARK 27275 JOLLY RODGER LANE BONITA SPRINGS, FL 34135 ☐ 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: <u>DM Quigley</u> DAVID MARK QUIGLEY 2/4/2008 (239) 239-749 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					