

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004182

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** QUARTERCASE HOLDINGS LLC

**Current Principal Place of Business:**

3199 46TH AVE N  
ST PETERSBURG, FL 33714

**New Principal Place of Business:**

**Current Mailing Address:**

3199 46TH AVE N  
ST PETERSBURG, FL 33714

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BOHMS, ALAN W  
3199 46TH AVE N  
ST PETERBURG, FL 33714 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOHMS, ALAN  
Address: 2765 61ST AVE N.  
City-St-Zip: ST PETERSBURG, FL 33714

Title: MGRM  
Name: HOFFMANN, PAUL  
Address: 4453 45TH ST S  
City-St-Zip: ST PETERSBURG, FL 33711

Title: MGRM  
Name: DAVIS, DAVID  
Address: 2765 61ST AVE N  
City-St-Zip: ST PETERSBURG, FL 33714

Title: MGRM  
Name: DAVIS, CLARENCE  
Address: 5850 MANGROVE ST  
City-St-Zip: ST PETERSBURG, FL 33703

Title: MGRM  
Name: TUNKUS, CHARLES  
Address: 373 BAY PLAZA  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM  
Name: BERGLUND, JUDY  
Address: 308 RUSTLING OAKS RD  
City-St-Zip: KERSHAW, SC 29067

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: ALAN BOHMS

GM

05/01/2010

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