

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000056337

**FILED**  
**Mar 03, 2009**  
**Secretary of State**

**Entity Name:** QUALITAS ASSISTANCE, L.L.C.

**Current Principal Place of Business:**

150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 56-2473354      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SOUED, ALFONSO  
150 SE 2ND AVE  
SUITE 715  
MIAMI, FL 33131 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: CAMPOS, ALEXANDER  
Address: 150 SE 2ND AVE. SUITE 715  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: SOUED, ALFONSO  
Address: 150 SE 2ND AVE SUITE 715  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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: ALFONSO SOUED      MGR      03/03/2009

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