

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT# L04000056337

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