

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90087 048 ****50.00

DOCUMENT # L01000021682

1. Entity Name

PAPER QUEST LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4915 52nd AVE WEST

3. Mailing Address

4915 52nd AVE WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRADENTON FL

City & State
BRADENTON FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
34210

Country
USA

Zip
34210

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DAVID CECIL ADAMS

Street Address (P.O. Box Number is Not Acceptable)
4915 52nd AVE WEST

City BRADENTON FL Zip Code 34210

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DAVID ADAMS
4915 52nd AVE WEST
BRADENTON FL 34210

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DAVID CECIL ADAMS 02/21/02 941-751-8061

CR2E083B (12/01)