## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90113 001 \*\*\*\*50.00

1 Entity Name	MENT # <b>L02000015</b> QUES, LLC	087				_			
Principal Place of Business 7775 S.W. 145 STREET MIAMI, FL 33158		Mailing Address 7775 S.W. 145 STREET NIANI, FL 33158				~	<sub>የ</sub> ር ነብ ር ነ	14	
2. Principal Pl	face of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF M	AKING CHAN	GES	
City & State	e	City & State		, ·	4. FEI Number	3-045634	5	<del></del>	Applicable
Zip	Country	Zip	Coun	itry	5. Certificate of St	tatus Desired [	\$5.00 Fee Re	Addit equired	ional
	6. Name and Address of Currer	nt Registered Agent	<del>_</del> i-		7. Name and Add	ireas of New Regis	tered Agent		
				Name					
CORDOVA, ANGEL D 780 N.W. 42ND AVE., #416 MIAMI, FL 33126			Street Address		s (P.O. Box Number is	Not Acceptable)			
,	•								
				City			FL Zi	Code	١
A The above	named entity submits this statement	for the purpose of changing	its register	ed office or regist	tered agent, or both, in	the State of Florida	. I am familia	with, a	and accept
the obligat	tions of registered agent.	1 -1 -		,					ι.
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SIGNATURE	Signature, typed or printed name of registered age	Filli Make Check Pa	NOW!!!	FEE IS \$50.00			CATE		
		Filli Make Check Pa	NOW!!!	FEE IS \$50.00 lorida Depaitm ay 1, 2003		ADDITIONS/CH	ANGES		
SIGNATURE	MANAGING MEM	Fill Make Check Pa	NOWIF rable to E Due By Mi	FEE IS \$50.00 orlda Departm ay 1, 2003		ADDITIONS/CH		hange	☐ Addition
9. TITLE NAME	MANAGING MEM  MGR  KASPARIAN, MGIRDISH	Fili Make Creck Pa BERS/MANAGERS	NOWIFE rable to E oue By Mi	FEE IS \$50.00 orida Departari ay 1, 2003 .e		ADDITIONS/CH	ANGES	hange	Addition
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SIGNATURE: X SIGNATURE SIGNATURE AND TYPED OR PHINED WASHE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MGIRDISH KASPARIAN, MGR.