

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90112 006 ****55.00

DOCUMENT # L02000026146

1. Entity Name
Q-TEC, LLC



Principal Place of Business
9012 BROKEN LANCE DRIVE
TALLAHASSEE, FL 32312

Mailing Address
9012 BROKEN LANCE DRIVE
TALLAHASSEE, FL 32312



04272005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3875981

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARGUIN, MARC A
9012 BROKEN LANCE DRIVE
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ARGUIN, MARC A
STREET ADDRESS 9012 BROKEN LANCE DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE MGRM
NAME ~~GODEN, KENNETH E~~ *Corrected*
STREET ADDRESS ~~707 EAST NEBRASKA AVE.~~ *Below*
CITY-ST-ZIP ~~BONIFAY, FL 32425~~

TITLE MGRM
NAME Golden Kenneth E.
STREET ADDRESS P.O. Box 398
CITY-ST-ZIP Bonifay, FL 32425

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

[Handwritten Signature]

4-27-05

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

Date

Daytime Phone #