


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90028 031 \*\*\*\*50.00

<b>DOCUMENT # L02000034195</b>			
<b>1. Entity Name</b> <b>Q &amp; A, LLC</b>			
<b>Principal Place of Business</b> 1241 DOE COURT SE PALM BAY, FL 32909		<b>Mailing Address</b> 1241 DOE COURT SE PALM BAY, FL 32909	
<b>2. Principal Place of Business</b> <i>985 Palmen Street</i>		<b>3. Mailing Address</b> <i>985 Palmen Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <i>Rockledge, FL</i>		<b>City &amp; State</b> <i>Rockledge, FL</i>	
<b>Zip</b> <i>32955</i>		<b>Zip</b> <i>32955</i>	
<b>Country</b>		<b>Country</b>	
<b>4. FEI Number</b> 71-0923033		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ANDERSON, J. PATRICK 930 S. HARBOR CITY BLVD., STE. 505 MELBOURNE, FL 32904		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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.</b>			
<b>SIGNATURE</b> <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>DATE</b> <i>4-9-04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <b>QUARANTELLO, BRUCE</b> <input type="checkbox"/> Delete 1241 DOE CT SE PALM BAY, FL 32909	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<i>MGR</i> <i>Quarantello, Bruce</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>985 Palmen St</i> <i>Rockledge, FL 32955</i>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <b>AMICK, MICHAEL E</b> <input type="checkbox"/> Delete 1241 DOE CT SE PALM BAY, FL 32909	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<i>MGR</i> <i>Amick, Michael E</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>985 Palmen St</i> <i>Rockledge, FL 32955</i>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>DATE</b> <i>4-9-04</i> <b>Daytime Phone #</b> <i>321-427-9062</i>	