

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013065

Entity Name: INQUEST RESEARCH LTD.CO

FILED  
Feb 12, 2009  
Secretary of State

## Current Principal Place of Business:

14912 NW 107TH TERRACE  
ALACHUA, FL 32615 US

## New Principal Place of Business:

## Current Mailing Address:

14912 NW 107TH TERRACE  
ALACHUA, FL 32615 US

## New Mailing Address:

FEI Number: 13-4247282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REQUESENS, SAUL J  
14912 NW 107TH TERRACE  
ALACHUA, FL 32615 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: REQUESENS, SAUL J OWNER  
Address: 14912 NW 107TH TERRACE  
City-St-Zip: ALACHUA, FL 32615

Title: MGR ( ) Delete  
Name: KESSLER, JAMES  
Address: P.O. BOX 118  
City-St-Zip: CITRA, FL 32113

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: KESSLER, JAMES V/P  
Address: P.O. BOX 118  
City-St-Zip: CITRA, FL 32113

Title: MGR ( ) Change (X) Addition  
Name: KESSLER, TAMMY SCTRY  
Address: P.O. BOX 118  
City-St-Zip: CITRA, FL 32113

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: TAMMY KESSLER

MGR

02/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date