

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

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1. Entity Name

QUEST O&G, LLC

Principal Place of Business

20001 GULF BLVD.
#5
INDIAN SHORES FL 33785

Mailing Address

20001 GULF BLVD.
#5
INDIAN SHORES FL 33785



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1697962

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT ST., STE. 200
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
P
PAGE, EVELYN
STREET ADDRESS
20001 GULF BLVD., #3
CITY-STATE-ZIP
INDIAN SHORES FL 33785

TITLE
NAME
Delete

TITLE
NAME
Delete

TITLE
NAME
Delete

TITLE
NAME
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TITLE
NAME
Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
U000000610538
02/02/07-80028-005 50.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1/25/07

Date

Daytime Phone #