## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 18, 2008 8:00 am Secretary of State

DOCUMENT # L03000021873  1. Entity Name AQA, LLC				04-18-2008	90153 008 ***138.7	75	
Principal Place of Business 3932 EDEN ROC CIRCLE EAST TAMPA, FL 33634 US		Mailing Address 3932 EDEN ROC CIRCLE EAST TAMPA, FL 33634 US			50004543		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032008 Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Number 13-4255131		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Addi	tional	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New	Registered Agent		
CDICOS:	PLITDEDA DA		Name				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, EL							
			City		FL Zip Code	· · · · · · · · · · · · · · · · · · ·	
	named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent, or both, in the State of	Florida. I am familiar with, a	and accept	
the obligat	tions of registered agent.						
SIGNATURE .	Signature, typed or printed name of registered agent a	ng title if applicable. (NOTE.	: Registered Agent signature requi	ired when reinstating)	DATE	•	
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			Flori	ake check payable to da Department of State		
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITION	S/CHANGES		
TITLE	MGR	☐ Delete	TITLE		🗀 Change		
NAME STREET ADDRESS	MAHDIEH, AMIR A		NAME			Addition	
CITY-ST-ZIP	3932 EDEN ROCK CIRCLE E. TAMPA, FL 33634		CTREET ADDRESS			Addition	
TITLE			STREET ADDRESS CITY-ST-ZIP			Addition	
	MGR		CITY-ST-ZIP		Change		
NAME	MGR MOLLANAZAR, QOOMARS	☐ Delete			☐ Change	Addition	
NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP		☐ Change		
1	MOLLANAZAR, QOOMARS	☐ Delete	CITY-ST-ZIP TITLE NAME		☐ Change		
STREET ADDRESS	MOLLANAZAR, QOOMARS 10516 HOMESTEAD DRIVE TAMPA, FL 33618 MGR	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	MOLLANAZAR, QOOMARS 10516 HOMESTEAD DRIVE TAMPA, FL 33618 MGR VALDEZ, ALPHONSO JR.	<u> </u>	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Addillon	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Daytime Phone #