


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000031233	
1. Entity Name M S QUBED, L.L.C.	

Principal Place of Business 7512 DR. PHILLIPS BLVD # 50 PMB 514 ORLANDO, FL 32819 US	Mailing Address 7512 DR. PHILLIPS BLVD # 50 PMB 514 ORLANDO, FL 32819 US
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04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-2593096Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**6. Name and Address of Current Registered Agent**SINGH, SURABHI
7512 DR PHILLIPS BLVD STE50 PMB 514
ORLANDO, FL 32819**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 reissuing)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75U000000926804
05/20/08-80073-009 138.75**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGH, SURABHI 7512 DR PHILLIPS DR ST 50 PMB 514 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BHARGAVA, AMIT 9084 GREAT HERON CIRCLE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BHARGAVA, SANGEETA 9084 GREAT HERON CIRCLE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-22-08 407-383-1953