

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000067645

Entity Name: QLC LLC

FILED  
Oct 06, 2009  
Secretary of State

## Current Principal Place of Business:

12995 S. CLEVELAND AVE  
SUITE # 49  
FT MYERS, FL 33907

## New Principal Place of Business:

5781 LEE BLVD  
208-305  
LEHIGH ACRES, FL 33971

## Current Mailing Address:

11083 LAKELAND CIRCLE  
FT MYERS, FL 33913

## New Mailing Address:

5781 LEE BLVD  
208-305  
LEHIGH ACRES, FL 33971

FEI Number: 20-3188107      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

QUINN, PATRICK J  
11083 LAKELAND CIRCLE  
FT MYERS, FL 33913      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: PATRICK J QUINN

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: QUINN, PATRICK J  
Address: 11083 LAKELAND CIRCLE  
City-St-Zip: FT MYERS, FL 33913

Title: MGRM ( ) Delete  
Name: QUINN, PAMELA K  
Address: 11083 LAKELAND CIRCLE  
City-St-Zip: FT MYERS, FL 33913

Title: MGR ( ) Delete  
Name: FRITSCHER, ANDREW M  
Address: 11083 LAKELAND CIRCLE  
City-St-Zip: FORT MYERS, FL 33913

Title: MGR (X) Delete  
Name: CEDOTAL, CHERYL  
Address: PO BOX 4012  
City-St-Zip: COVINGTON, LA 70434

## ADDITIONS/CHANGES:

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

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

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

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

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: PATRICK J QUINN

MGRM

10/06/2009

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