

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099941

Entity Name: "Q" MANUFACTURING, L.L.C.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

15804 BROTHERS CT
UNIT 9
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

15804 BROTHERS CT
UNIT 9
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-3752621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

KRUSE, KEVIN
1908 JEFFERSON AVE
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

KRUSE, KEVIN
2710 SE 17TH PL
CAPE CORAL, FL 33904 US

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:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRUSE, KEVIN
Address: 1908 JEFFERSON AVE
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: KRUSE, CYNTHIA
Address: 1908 JEFFERSON AVE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRUSE, KEVIN
Address: 2710 SE 17TH PL
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM (X) Change () Addition
Name: KRUSE, CYNTHIA
Address: 2710 SE 17TH PL
City-St-Zip: CAPE CORAL, FL 33904

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: CYNTHIA D KRUSE

MGRM

05/01/2008

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