

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039608

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** QUIECOR LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

8750 NW 18TH STREET  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

8750 NW 18TH STREET  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 28-2148922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REEVES, WILLIAM  
8750 NW 18TH STREET  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

REEVES, WILLIAM H  
8750 NW 18TH STREET  
CORAL SPRINGS, FL 33071 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: WILLIAM H. REEVES

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: REEVES, WILLIAM  
Address: 8750 NW 18TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

Title: PD (X) Change ( ) Addition  
Name: REEVES, WILLIAM H  
Address: 8750 NW 18TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33071

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: WILLIAM H. REEVES

PD

04/29/2009

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