

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056163

Entity Name: Q & L INVESTMENTS, LLC

FILED  
May 06, 2008  
Secretary of State

**Current Principal Place of Business:**

1679 GRANDE FLORA AVE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1679 GRANDE FLORA AVE  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 20-4915825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HOLLOWAY, LATASHA  
1679 GRANDE FLORA AVE  
CLERMONT, FL 34711 US

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

LEWIS, LATASHA A MRS  
1679 GRANDE FLORA AVE  
CLERMONT, FL 34711 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: LATASHA HOLLOWAY-LEWIS

05/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOLLOWAY, LATASHA  
Address: 1679 GRANDE FLORA AVE  
City-St-Zip: CLERMONT, FL 34711

Title: MGRM ( ) Delete  
Name: LEWIS, QUASAND  
Address: 1679 GRANDE FLORA AVE  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEWIS, LATASHA MRS  
Address: 1679 GRANDE FLORA AVE  
City-St-Zip: CLERMONT, FL 34711

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: LATASHA HOLLOWAY-LEWIS

MGR

05/06/2008

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