

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90375 048 ****50.00

DOCUMENT # L06000065711	
1. Entity Name TQ ENTERPRISES, LLC	

Principal Place of Business PO BOX 600273 NORTH MIAMI BEACH, FL 33160	Mailing Address PO BOX 600273 NORTH MIAMI BEACH, FL 33160
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60039003



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5145360	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS #221E PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent	
Name Tom Quartiano	
Street Address (P.O. Box Number is Not Acceptable) 710 NE 82 TERRACE	
City MIAMI	FL Zip Code 33138

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 Tom Quartiano PRES. DATE 04/18/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUARTIANO, THOMAS PO BOX 600273 NORTH MIAMI BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/18/2007

Date

954-445-0459

Daytime Phone #