

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092636

Entity Name: PREMIER QUEST, LLC

FILED  
Mar 01, 2009  
Secretary of State

## Current Principal Place of Business:

% CHERYL L. PASCO  
103 N. GROSSE AVE.  
TARPON SPRINGS, FL 34689

## Current Mailing Address:

PO BOX 2182  
TARPON SPRINGS, FL 34688

## New Principal Place of Business:

% CHERYL L. GARCIA  
601 GAY RD  
SEFFNER, FL 33584

## New Mailing Address:

PO BOX 6785  
SEFFNER, FL 33583

FEI Number: 20-5919391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PASCO, CHERYL L  
2100 45TH ST SW  
NAPLES, FL 34116 US

## Name and Address of New Registered Agent:

GARCIA, CHERYL L  
601 GAY RD  
SEFFNER, FL 33584 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: CHERYL L. GARCIA

03/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PASCO, CHERYL L  
Address: 2100 45TH ST SW  
City-St-Zip: NAPLES, FL 34116

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GARCIA, CHERYL L  
Address: 601 GAY RD.  
City-St-Zip: SEFFNER, FL 33584

Title: MGRM ( ) Change (X) Addition  
Name: GARCIA, ANTHONY  
Address: 601 GAY RD  
City-St-Zip: SEFFNER, FL 33584

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: CHERYL L. GARCIA

MGR

03/01/2009

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