

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112133

Entity Name: QUEST ENTERPRISE LLC

FILED  
May 04, 2009  
Secretary of State

## Current Principal Place of Business:

4811 RIVER GRASS COURT  
APT. A  
TAMPA, FL 33687 US

## New Principal Place of Business:

12966 MORRIS BRIDGE ROAD  
THONOTOSASSA, FL 33569 US

## Current Mailing Address:

PO BOX 290486  
TAMPA, FL 33687 US

## New Mailing Address:

P O BOX 290486  
TAMPA, FL 33687

FEI Number: 51-0612666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

ALBRITTON, REX  
4811 RIVER GRASS COURT  
APT. A  
TAMPA, FL 33687 US

## Name and Address of New Registered Agent:

ALBRITTON, REX  
12966 MORRIS BRIDGE ROAD  
THONOTOSASSA, FL 33569 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: REX ALBRITTON

05/04/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ALBRITTON, REX  
Address: 4811 RIVER GRASS COURT APT. A  
City-St-Zip: TAMPA, FL 33687 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ALBRITTON, REX  
Address: P O BOX 290486  
City-St-Zip: TAMPA, FL 33687 US

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: REX ALBRITTON

MGRM

05/04/2009

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