

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000463

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

**Entity Name:** QUALITY MESSAGE & WELLNESS RESEARCH LLC

**Current Principal Place of Business:**

5456 LOS PALMAS VISTA DR  
ORLANDO, FL 32837

**New Principal Place of Business:**

5456 LOS PALMA VISTA DR  
ORLANDO, FL 32837

**Current Mailing Address:**

5456 LOS PALMAS VISTA DR  
ORLANDO, FL 32837

**New Mailing Address:**

5456 LOS PALMA VISTA DR  
ORLANDO, FL 32837

**FEI Number:** 20-8155144

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONET, WANDA I  
5456 LOS PALMAS VISTA DR  
ORLANDO, FL 32837 US

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

BONET, WANDA I  
5456 LOS PALMA VISTA DR  
ORLANDO, FL 32837 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:**

04/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BONET, WANDA I  
Address: 5456 LOS PALMAS VISTA DR  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BONET, WANDA I  
Address: 5456 LOS PALMA VISTA DR  
City-St-Zip: ORLANDO, FL 32837

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:** WANDA I BONET

MGR

04/16/2008

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