

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007139

Entity Name: Q&A SAFARI CONSULTANTS, LLC

FILED
Mar 20, 2008
Secretary of State

Current Principal Place of Business:

757 SE 17TH STREET #1110
FT LAUDERDALE, FL 33316

New Principal Place of Business:

757 SE 17TH STREET
#1110
FT LAUDERDALE, FL 33316

Current Mailing Address:

757 SE 17TH STREET #1110
FT LAUDERDALE, FL 33316

New Mailing Address:

757 SE 17TH STREET
#1110
FT LAUDERDALE, FL 33316

FEI Number: 20-8312768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOTHA, QUINTYNN R
757 SE 17TH STREET #1110
FT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

BOTHA, QUINTYNN R
757 SE 17TH STREET
#1110
FT LAUDERDALE, FL 33316 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: QUINTYNN R. BOTHA

03/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOTHA, QUINTYNN R
Address: 757 SE 17TH STREET #1110
City-St-Zip: FT LAUDERDALE, FL 33316

Title: MGR () Delete
Name: BOTHA, AMANDA J
Address: 757 SE 17TH STREET #1110
City-St-Zip: FT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: QUINTYNN R. BOTHA

MR.

03/20/2008

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