

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028850

**FILED**  
**Feb 27, 2009**  
**Secretary of State**

**Entity Name:** CLIQUALITY, LLC

**Current Principal Place of Business:**

17541 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

17541 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548

**New Mailing Address:**

FEI Number: 26-2495694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER WHITE BOGGS BANKER, P.A.  
501 EAST KENNEDY BOULEVARD, STE 1700  
TAMPA, FL 33602 US

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

FOWLER WHITE BOGGS P.A.  
501 EAST KENNEDY BOULEVARD  
SUITE 1700  
TAMPA, FL 33602 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: RICHARD A. JACOBSON

02/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LASA, RICARDO  
Address: 17541 NORTH DALE MABRY HIGHWAY  
City-St-Zip: LUTZ, FL 33548

Title: MGR ( ) Delete  
Name: BERNDT, DON  
Address: 17541 NORTH DALE MABRY HIGHWAY  
City-St-Zip: LUTZ, FL 33548

**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: RICARDO LASA

MGR

02/27/2009

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