## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 20, 2008 8:00 am Secretary of State

1. Entity Name QUANTUM TRAVEL SOLUTIONS, LLC							8 90182 011 ***		
Principal Plac	e of Business	Mailing Address		<del></del>					
146 2ND ST	<del>. N</del> .	1 <del>46 2ND ST. N</del> .			•				
ST. PETERSE	<del>BURG, FL 33</del> 701	3 <del>10-</del> St_ <del>Petersburg, FL-33</del>	<del>3701</del>		I ATRIJELI BI		YA <b>Palen</b> (191 <b>0</b> (1810) <b>B</b> aha (1810) (		
	Place of Business - No P.O. Box #	3. Mailing Address Po Box	124	4/					
Suite, Apt.		Suite, Apt. #, etc.	• 1 7	7	01092008	Chg-LLC	CR2E083 (12/06	)	
City & Stat	TERSBURG FC	City & State St. / ETERS B	UPS	Fe	4. FEI Numb	er -88255		Applied For Not Applicable	
Zip	Country	Zip	Country			of Status Desired	☐ \$5.00 A	dditional	
3370		Zip 3373/ Registered Agent	<u>u</u>	517			Fee Requir	red	
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	(egistered Agent	·	
SIMMONS, CAROL-A				CAROL A. Junmons					
					Address (P.O. Box Number is Not Acceptable)				
	<del>F</del> RSBURG, FL 33701								
		7-		City 7	PETERSBU		FL Zp Co	de 01	
8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed of trace-state of an embatic annual trace (NOTE: Registered Agent signature required when reinstating)  DATE									
Signature, typed of strated water and strategic and strate									
File After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State			
9.	MANAGING MEMBE	L RS/MANAGERS	10.	<del>.</del>		ADDITIONS	/CHANGES		
·mre	MGR	☐ Delete	TITLE	1	ngrm Same		Change	☐ Addition	
NAME STREET ADDRESS	ANDREWS, WILLIAM F JR		NAME	4000000	5ame	5/ 1/			
CITY-ST-ZIP	ST. PETERSBURG, FL 33701		CITY-ST						
TILE	MGR IEDDY D	Delete	mrc		MGEN	り	Change	☐ Addition	
NAME STREET ADDRESS	WHITE, JERRY D 10932 KENMORE DR.		NAME	ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST						
TITLE	MGRAT _	☐ Delete	TITLE				Change	Addition	
NAME	CAROL A SIMINA	2S	NAME		7				
STREET ADDRESS CITY-ST-ZIP	537-543 St.N	'. '1a:1::1	STREET CITY-ST	ADDRESS To 719	-				
TITLE	StiPETERSAURS,	fe 33701	TITLE			<del></del>	Change	☐ Addition	
NAME		Li Delate	NAME				L. Orange	radiosi	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST	T- 21P					
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	<u></u>		CITY-ST	T-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition Addition	
NAME STREET ADDRESS			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST						
11. I hereby	certify that the information supplied with	this filing does not qualify for t	he exem	ptions conta	ined in Chapter 119	, Florida Statutes. I f	urther certify that the in	formation	
indicated on this report is true and accurate and that my 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.									
737/									
SIGNATURE: 1-9-07 64/6024  SIGNATURE SIGNATURE SEGNATURE									
		$\sim$							