

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045107

FILED
Mar 19, 2009
Secretary of State

Entity Name: QUEST LLC

Current Principal Place of Business:

18151 NE 31 COURT
806
AVENTURA, FL 33160

New Principal Place of Business:

461 IVES DAIRY ROAD
405 B
NORTH MIAMI, FL 33179 46

Current Mailing Address:

18151 NE 31 COURT
806
AVENTURA, FL 33160

New Mailing Address:

461 IVES DAIRY ROAD
405 B
NORTH MIAMI, FL 33179 46

FEI Number: 26-0717222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GITNACHT, ADRIANA
18151 NE 31 COURT
806
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

GITNACHT, ADRIANA
461 IVES DAIRY ROAD
405B
NORTH MIAMI, FL 33179 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: ADRIANA GITNACHT

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GITNACHT, ADRIANA
Address: 18151 NE 31 COURT #806
City-St-Zip: AVENTURA, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: GITNACHT, ADRIANA
Address: 461 IVES DAIRY ROAD # 405B
City-St-Zip: NORTH MIAMI, FL 33179

Title: VP () Change (X) Addition
Name: COHEN, MARIANO G VP
Address: 461 IVES DAIRY ROAD # 405B
City-St-Zip: NORTH MIAMI, FL 33179

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: ADRIANA GINACHT

P

03/19/2009

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