
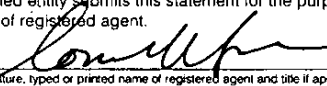
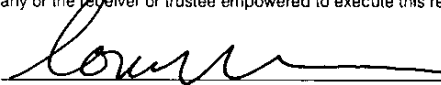


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90026 011 \*\*\*138.75

<b>DOCUMENT # L07000075669</b> 1. Entity Name <b>QRS, LLC</b>					
Principal Place of Business <b>99 NESBIT STREET, C/O JACK O. HACKETT II FARR, FARR, EMERICH, HACKETT &amp; CARR PUNTA GORDA, FL 33950</b>			Mailing Address <b>99 NESBIT STREET, C/O JACK O. HACKETT II FARR, FARR, EMERICH, HACKETT &amp; CARR PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business - No P.O. Box # <b>17218 TOLEDO BLADE BLVD</b> Suite, Apt. #, etc. <b>UNIT 7</b>		3. Mailing Address <b>17218 TOLEDO BLADE BLVD</b> Suite, Apt. #, etc. <b>UNIT 7</b>		<b>60028940</b>  <b>( L07000075669C )</b>	
City & State <b>PORT CHARLOTTE, FL</b> Zip <b>33954</b>		City & State <b>PORT CHARLOTTE, FL</b> Zip <b>33954</b>		4. FEL Number <b>26-0674901</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HACKETT, JACK O II 99 NESBIT STREET FARR, FARR, EMERICH, HACKETT &amp; CARR PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent Name <b>CONNIE M. SCHIDER</b> Street Address (P.O. Box Number is Not Acceptable) <b>17218 TOLEDO BLADE BLVD, UNIT 7</b> City <b>PORT CHARLOTTE</b> FL Zip Code <b>33954</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		<b>CONNIE M. SCHIDER, MANAGING MEMBER</b> <b>4/24/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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.					
SIGNATURE: 			<b>4/24/08 (941) 624-0131</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		