

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081618

Entity Name: QIS FINANCIAL LLC

FILED  
May 28, 2008  
Secretary of State

## Current Principal Place of Business:

525 E KENNEDY BLVD. STE DELAWARE  
EATONVILLE, FL 32751

## New Principal Place of Business:

438 HAMMERSTONE AVENUE  
N/A  
HAINES CITY, FL 33844

## Current Mailing Address:

1010 SATIN LEAF CIRCLE  
OCOEE, FL 34761

## New Mailing Address:

438 HAMMERSTONE AVENUE  
N/A  
HAINES CITY, FL 33844

FEI Number: 26-0653009      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SMITH, QAWI  
525 E KENNEDY BLVD. STE. DELAWARE  
EATONVILLE, FL 32751      US

## Name and Address of New Registered Agent:

SMITH, QAWI I PRESIDE  
438 HAMMERSTONE AVENUE  
N/A  
HAINES CITY, FL 33844      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: QAWI SMITH

05/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: SMITH, QAWI  
Address: 525 E KENNEDY BLVD STE. DELAWARE  
City-St-Zip: EATONVILLE, FL 32751

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

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: SMITH, QAWI I PRESIDE  
Address: 438 HAMMERSTONE AVENUE  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP      ( ) Change      (X) Addition  
Name: PIERRE-LOUIS, URVELLA J VP  
Address: 438 HAMMERSTONE AVENUE  
City-St-Zip: HAINES CITY, FL 33844 US

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: QAWI SMITH

PRES

05/28/2008

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