

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112050

FILED  
May 05, 2008  
Secretary of State

Entity Name: QSI AUDITING AND CERTIFICATION SERVICES, LLC

## Current Principal Place of Business:

13581 PHOENIX DRIVE  
ORLANDO, FL 32828

## New Principal Place of Business:

1802 N. ALAFAYA TRAIL  
ORLANDO, FL 32826

## Current Mailing Address:

13581 PHOENIX DRIVE  
ORLANDO, FL 32828

## New Mailing Address:

1802 N. ALAFAYA TRAIL  
ORLANDO, FL 32826

FEI Number: 61-1555430      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

MONSAVLE, MARIELI  
13581 PHOENIX DRIVE  
ORLANDO, FL 32828      US

## Name and Address of New Registered Agent:

MONSALVE, MARIELI  
1802 N. ALAFAYA TRAIL  
ORLANDO, FL 32826      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: MARIELI MONSALVE

05/05/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: ALVARADO, CELSO JR.  
Address: 13581 PHOENIX DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: MGR      ( ) Delete  
Name: RODRIGUEZ, MAYREINE  
Address: 13581 PHOENIX DRIVE  
City-St-Zip: ORLANDO, FL USA

Title: MGR      (X) Delete  
Name: NAVARRO, MARCELA  
Address: 13581 PHOENIX DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: MGR      (X) Delete  
Name: MONSALVE, MARIELI  
Address: 13581 PHOENIX DRIVE  
City-St-Zip: ORLANDO, FL 32828

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: OSWALDO, CARDENAS GARCIA  
Address: 1802 N. ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32826 US

Title: MGR      (X) Change ( ) Addition  
Name: MONSALVE, MARIELI  
Address: 1802 N. ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32826 US

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: MARIELI MONSALVE

MGR

05/05/2008

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