

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112050

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** QSI AUDITING AND CERTIFICATION SERVICES, LLC

**Current Principal Place of Business:**

1802 N. ALAFAYA TRAIL  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

1802 N. ALAFAYA TRAIL  
ORLANDO, FL 32826

**New Mailing Address:**

**FEI Number:** 61-1555430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: D (X) Change ( ) Addition  
Name: ALVARADO, CELSO MR.  
Address: 1802 N. ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32826 US

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

D

04/01/2009

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