

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125065

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** RRR QUALITY BPOS AND INSPECTIONS, LLC

**Current Principal Place of Business:**

7801 NW 15 CT  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7801 NW 15 CT  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 26-1646722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROSQUETE, RAFAEL V  
7801 NW 15 CT  
PEMBROKE PINES, FL 33024 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: P ( ) Delete  
Name: ROSQUETE, RAFAEL V  
Address: 7801 NW 15 CT  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR ( ) Delete  
Name: ROSQUETE, ELVIKA  
Address: 17430 NW 47 CT  
City-St-Zip: MIAMI, FL 33055

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: ROSQUETE, ELVIRA  
Address: 17430 NW 47 CT  
City-St-Zip: MIAMI, FL 33055

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:** RAFAEL ROSQUETE

PRES

01/07/2009

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