

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002141

FILED
Feb 25, 2009
Secretary of State

Entity Name: BARBERQ LLC

Current Principal Place of Business:

108 SOUTH JOHN YOUNG PARKWAY, SUITE A
KISSIMMEE, FL 34741 US

New Principal Place of Business:

108 SOUTH JOHN YOUNG PARKWAY
SUITE A
KISSIMMEE, FL 34741 US

Current Mailing Address:

108 SOUTH JOHN YOUNG PARKWAY, SUITE A
KISSIMMEE, FL 34741 US

New Mailing Address:

108 SOUTH JOHN YOUNG PARKWAY
SUITE A
KISSIMMEE, FL 34741 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

BARBER, VINCENT A MGRM
2640 CHEROKEE RD.
SUITE A-100
SAINT CLOUD, FL 34772 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: VINNY BARBER

02/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARBER, VINCENT A
Address: 108 SOUTH JOHN YOUNG PARKWAY SUITE A
City-St-Zip: KISSIMMEE, FL 34741 US

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

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: BARBER, BENJAMIN L
Address: 3030 TOHOPEKALIGA DR.
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGR () Change (X) Addition
Name: BARBER, JAMES L
Address: 3020 TOHOPEKALIGA DR.
City-St-Zip: SAINT CLOUD, FL 34772

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: VINNY BARBER

MGRM

02/25/2009

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