

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048744

FILED
Apr 24, 2009
Secretary of State

Entity Name: QUANTUM GRAPHICS, LLC

Current Principal Place of Business:

2244 S.E. FEDERAL HWY. 150
STUART, FL 34994 US

New Principal Place of Business:

2325 S.E. FEDERAL HWY.
#14
STUART, FL 34994 US

Current Mailing Address:

2244 S.E. FEDERAL HWY.
150
STUART, FL 34994 US

New Mailing Address:

2325 S.E. FEDERAL HWY.
#14
STUART, FL 34994 US

FEI Number: 26-2614023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRISHAK, ANDREW J
2600 S. KANNER HWY.
G-10
STUART, FL 34994 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: MGRM () Delete
Name: KRISHAK, ANDREW J
Address: 2244 S.E. FEDERAL HWY. #150
City-St-Zip: STUART, FL 34994 US

Title: MGRM () Delete
Name: KRISHAK, DONNA M
Address: 2244 S.E. FEDERAL HWY. #150
City-St-Zip: STUART, FL 34994 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRISHAK, ANDREW J
Address: 2325 S.E. FEDERAL HWY. #14
City-St-Zip: STUART, FL 34994 US

Title: MGRM (X) Change () Addition
Name: KRISHAK, DONNA M
Address: 2325 S.E. FEDERAL HWY. #14
City-St-Zip: STUART, FL 34994 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: ANDREW J. KRISHAK

MGRM

04/24/2009

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