

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069731

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: LANDQWEST ASSET RECOVERY, LLC

## Current Principal Place of Business:

5245 BIG PINE WAY - SUITE 102  
FT. MYERS, FL 33907

## New Principal Place of Business:

12800 UNIVERSITY DR  
SUITE 150  
FT. MYERS, FL 33907

## Current Mailing Address:

5245 BIG PINE WAY - SUITE 102  
FT. MYERS, FL 33907

## New Mailing Address:

PO BOX 07367  
FT. MYERS, FL 33919

FEI Number: 26-2998898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROGAN, ROKKI  
5245 BIG PINE WAY - SUITE 102  
FT. MYERS, FL 33907 US

## Name and Address of New Registered Agent:

ROGAN, ROKKI  
12800 UNIVERSITY DR  
SUITE 150  
FT. MYERS, FL 33907 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:

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROGAN, ROKKI  
Address: 11117 HARBOUR ESTATES CIRCLE  
City-St-Zip: FT. MYERS, FL 33908

Title: MGRM ( ) Delete  
Name: MOUNCE, JOHN  
Address: 15606 LIGHT BLUE CIRCLE  
City-St-Zip: FT. MYERS, FL 33908

## ADDITIONS/CHANGES:

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: ROKKI ROGAN

MGRM

04/28/2009

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