

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000115597

Entity Name: P QUAD, LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2511 WEST PROSPECT ROAD  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1165  
DADE CITY, FL 33526

**New Mailing Address:**

FEI Number: 45-1867853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRICE, PICKENS C  
2511 W PROSPECT ROAD  
TAMPA, FL 33629 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  
Name: PRICE, PICKENS C  
Address: PO BOX 1165  
City-St-Zip: DADE CITY, FL 33526

Title: MGRM  
Name: PRICE, WILLIAM E  
Address: PO BOX 1165  
City-St-Zip: DADE CITY, FL 33526

I hereby 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: PICKENS C. PRICE

MGRM

04/24/2012

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