

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000117162

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** SM QUINLAN CONSULTING A.K.A. SM QUINLAN AND CONSULTANTS, L.L.C.

**Current Principal Place of Business:**

6627 COUNTY ROAD 78  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1048  
ALVA, FL 33920

**New Mailing Address:**

**FEI Number:** 27-1620423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

QUINLAN, SCOTT M OWNER  
6627 COUNTY ROAD 78  
LABELLE, FL 33935 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: MGR  
Name: QUINLAN, SCOTT M OWNER  
Address: P.O. BOX 1048  
City-St-Zip: ALVA, FL 33920

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: SCOTT QUINLAN

MGR

04/20/2011

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