

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000101540

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** QUALITY PLAYING CARDS INTERNATIONAL, LLC

**Current Principal Place of Business:**

5151 LINCOLN AVENUE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD., SUITE 50-197  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 27-3562510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWART BAUMRUK & COMPANY LLP  
1101 MIRANDA LANE  
KISSIMMEE, FL 34741 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: LEVIN, CHARLES M  
Address: 7512 DR. PHILLIPS BLVD., SUITE 50-197  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM  
Name: LEVIN, LORI  
Address: 7512 DR. PHILLIPS BLVD., SUITE 50-197  
City-St-Zip: ORLANDO, FL 32819

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: CHARLES M. LEVIN

MGRM

01/05/2011

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