2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# L99000005361

Entity Name: QUEST SYSTEMS, L.L.C.

Current Principal Place of Business:

14908 N. OLA AVE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

14908 N OLA AVE
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-3595585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARDELL, MICHAEL W
14908 N OLA AVENUE
TAMPA, FL 33613 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	( ) Delete
Name:	BARDELL, MICHAEL W	
Address:	3536 SHADOWOOD DRIVE	
City-St-Zip:	VALRICO, FL 33594	
Title:	MGR	( ) Delete
Name:	ERFAN, SAID	
Address:	4211 BENSON AVE.	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	MGR	( ) Delete
Name:	BARDELL, SHIRLEY	
Address:	3536 SHADOWOOD DRIVE	
City-St-Zip:	VALRICO, FL 33594	
Title:	MGR	( ) Delete
Name:	CASSA, IRENE	
Address:	14908 N OLA	
City-St-Zip:	TAMPA, FL 33613	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: IRENE CASSA MGR 09/02/2009

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