

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004590

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** QUAIN ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

4729 MERILEE DR  
MINNETONKA, MN 55343

**New Principal Place of Business:**

**Current Mailing Address:**

4729 MERILEE DR  
MINNETONKA, MN 55343

**New Mailing Address:**

15703 SW 48TH DR  
MIRAMAR, FL 33027

**FEI Number:** 90-0415229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUAIN, KELLY  
15703 SW 48TH DR  
MIRAMAR, FL 33027 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: MGP  
Name: QUAIN, KELLY  
Address: 15703 SW 48TH DR  
City-St-Zip: MIRAMAR, FL 33027

Title: VP  
Name: QUAIN, TRINH  
Address: 15703 SW 48TH DR  
City-St-Zip: MIRAMAR, FL 33027

Title: PTNR  
Name: QUAIN, RICK  
Address: 4729 MERILEE DR  
City-St-Zip: MINNETONKA, MN 55343

Title: PTNR  
Name: QUAIN, MARY  
Address: 4729 MERILEE DR  
City-St-Zip: MINNETONKA, MN 55343

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: TRINH QUAIN

VP

02/14/2011

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