

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100132

**Entity Name:** QUESTCOMM OF NORTH FLORIDA LLC

**Current Principal Place of Business:**

277 SW PORT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34984-5089

**Current Mailing Address:**

P.O. BOX 590098  
TAMARAC, FL 33359-0098 US

**FEI Number:** 26-3603899

**Certificate of Status Desired:** No

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

EISS, CHUCK  
7951 SW 6TH STREET  
SUITE 308  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

|                 |                                |                 |                                |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Title           | OMS                            | Title           | MGR                            |
| Name            | BOULET, BEN B                  | Name            | HAMDAN, TRAD                   |
| Address         | 277 SW PORT ST LUCIE BLVD      | Address         | 277 SW PORT ST LUCIE BLVD      |
| City-State-Zip: | PORT SAINT LUCIE FL 34984-5089 | City-State-Zip: | PORT SAINT LUCIE FL 34984-5089 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEN BOULET

OMS

06/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date