

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000083080

**Entity Name:** VQS ASSOCIATES, LLC

**Current Principal Place of Business:**

3901 SE SAINT LUCIE BLVD #42  
STUART, FL 34997

**Current Mailing Address:**

3901 SE SAINT LUCIE BLVD #42  
STUART, FL 34997 US

**FEI Number:** 45-5636043

**Certificate of Status Desired:** No

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

CHAVIANO, ANTONIO  
3901 SE SAINT LUCIE BLVD #42  
STUART, FL 34997 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 MGRM  
Name CHAVIANO, ANTONIO  
Address 3901 SE SAINT LUCIE BLVD #42  
City-State-Zip: STUART FL 34997

Title MGRM  
Name CHILDERS, SARA JEAN  
Address 3901 SE SAINT LUCIE BLVD #42  
City-State-Zip: STUART FL 34997

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SARA JEAN CHILDERS

**SECRETARY/TREASURER** 01/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date