

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000010711

**Entity Name:** INSTAQUAL, LLC

**Current Principal Place of Business:**

75 N. WOODWARD AVE. #10000  
TALLAHASSEE, FL 32313

**Current Mailing Address:**

75 N. WOODWARD AVE. #10000  
TALLAHASSEE, FL 32313

**FEI Number:** 46-1864960

**Certificate of Status Desired:** No

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

SMALLBIZ AGENTS, LLC  
75 N. WOODWARD AVE. #10000  
TALLAHASSEE, FL 32313 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 FITZGIBBON, TOM  
Address 101 W. 23RD ST. #110  
City-State-Zip: NEW YORK NY 10011

*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:** TOM FITZGIBBON

VP

03/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date