LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90598 023 ****50.00

DOCUMENT # L0Q000015659

1. Entity Name

NEAL'S MULTI QUALITY SERVICES, LLC

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958378

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2. Principal Place of Business		3. Mailing Address	
300A WEST DOUGLAS RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. BOX 1131	
City & State OLDSMAR, FL		City & State OLDSMAR, FL	
Zip 34677	Country	Zip 34677	Country

4. FEI Number 59-3653679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name MAGGLEE NEAL JR.

Street Address (P.O. Box Number is Not Acceptable) 300A WEST DOUGLAS RD.

City OLDSMAR FL Zip Code 34677

8. 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	MAGGLEE NEAL, JR	NAME	
STREET ADDRESS	300A WEST DOUGLAS RD.	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] MAGGLEE NEAL, JR 813-361-6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #