## 2005 LIMITED LIABILITY COMPANY

STREET ADDRESS CITY-ST-ZP

## Apr 27, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L0000015659 NEAL'S MULTI QUALITY SERVICES, LLC Principal Place of Susiness Mailing Address 300A WEST DOUGLAS ROAD PO BOX 1131 OLDSMAR, FL 34677 OLDSMAR, FL 34677 02022005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3653679 Not Applicable \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent NEAL, MAGGLEE JR. DO NOT WRITE 300A WEST DOUGLAS ROAD OLDSMAR, FL 34677 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of repietered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) U00000337075 Filing Fee is \$50.00 Due by May 1, 2005 04/27/05-80154-004 50.00 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NEAL, MAGLEE JR NAME 300A WEST DOUGLAS RD STREET ADDRESS CITY-ST-71P OLDSMAR, FL 34677 HE NAME STREET ADDRESS CHY-ST-21P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-21P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.