

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063492

**FILED**  
**Feb 07, 2007**  
**Secretary of State**

**Entity Name:** A-1 QUALITY OFFICE MACHINES LLC

**Current Principal Place of Business:**

4951 ECSTASY CIRCLE  
COCOA, FL 32926 US

**New Principal Place of Business:**

2885 ELECTRONICS DRIVE STE D-13  
MELBOURNE, FL 32935 US

**Current Mailing Address:**

4951 ECSTASY CIRCLE  
COCOA, FL 32926 US

**New Mailing Address:**

2885 ELECTRONICS DRIVE STE D-13  
MELBOURNE, FL 32935 US

**FEI Number:** 20-3055611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUNN, FRANK  
407 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 329014507 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCARFONE, ROB  
Address: 4951 ECSTASY CIRCLE  
City-St-Zip: COCOA, FL 32926 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCARFONE, ROB  
Address: 950 JETTIE STREET NE  
City-St-Zip: PALM BAY, FL 329073266 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: FRANK BRUNN

RA

02/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date