

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000022362

**Entity Name:** QUALITY LABOR MANAGEMENT, LLC

**Current Principal Place of Business:**

4035 W. 1ST STREET  
SANFORD, FL 32771

**Current Mailing Address:**

P.O. BOX 471207  
LAKE MONROE, FL 32747

**FEI Number:** 20-8544830

**Certificate of Status Desired:** No

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

HOCTOR, JAMES J  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 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 MGR  
Name LANG, MARK ASR  
Address 1824 ALAQUA LAKES BLVD.  
City-State-Zip: LONGWOOD FL 32779

*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:** MARK LANG

MANAGING MEMBER

02/05/2013

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

\_\_\_\_\_ Date