

2016 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 4035 W. 1ST STREET
City-State-Zip: SANFORD FL 32771

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: MARK A LANG SR

MGRM

03/31/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date