that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ONILY SIERRAALTA

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000038528 Entity Name: FLORIDA QUALITY GROUP LLC

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

10460 NW 58TH TER DORAL, FL 33178

Current Mailing Address:

10460 NW 58TH TER DORAL, FL 33178 US

FEI Number: 46-2281607

Name and Address of Current Registered Agent:

SIERRAALTA, ONILY 8432 NW 107 CT #3 DORAL, FL 33178 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	PEREIRA, DINIS	Name	SIERRAALTA, ONILY
Address	8432 NW 107 CT UNIT #3	Address	8432 NW 107 CT UNIT #3
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

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

MGRM

Date

Certificate of Status Desired: No

01/21/2014

FILED Jan 21, 2014 Secretary of State CC7584425110

Date