

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000139881

**Entity Name:** NEW QUALITY ENTERPRISE LLC

**Current Principal Place of Business:**

4822 SW 44TH CIR  
OCALA, FL 34474

**Current Mailing Address:**

4822 SW 44TH CIRCO  
OCALA, FL 34474 US

**FEI Number:** 81-3621657

**Certificate of Status Desired:** No

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

OCON, KELVIN J SR  
4822 SW 44TH CIR  
OCALA, FL 34474 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:** KELVIN J OCON ALEMAN

02/25/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name OCON, KELVIN J SR  
Address 4822 SW 44TH CIR  
City-State-Zip: Ocala FL 34474

Title MANAGER  
Name MARTINEZ DE OCON, LEYLA JESSENIA  
Address 4822 SW 44TH CIR  
City-State-Zip: Ocala FL 34474

Title AUTHORIZED REPRESENTATIVE  
Name CISNEROS, JOSE B  
Address 80 E 2ND ST  
City-State-Zip: DEER PARK NY 11729

Title AUTHORIZED REPRESENTATIVE  
Name OCON ALEMAN, MARVIN DANIEL  
Address 445 HAGERMAN AVE E  
City-State-Zip: PATCHOGUE NY 11772

*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:** KELVIN OCON

MANAGER

02/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date