

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000139881

**Entity Name:** NEW QUALITY ENTERPRISE LLC

**Current Principal Place of Business:**

2439 SW 42AVE  
APT C  
FORT LAUDERDALE, FL 33317

**Current Mailing Address:**

2439 SW 42AVE  
APT C  
FORT LAUDERDALE, FL 33317

**FEI Number:** 81-3621657

**Certificate of Status Desired:** Yes

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

OCON, JUAN M SR  
2439 SW 42 AVE  
APT. C  
FORT LAUDERDALE, FL 33317 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 OCON, JUAN M SR  
Address 2439 SW 42AVE  
City-State-Zip: FORT LAUDERDALE FL 33317

Title MGR  
Name OCON, KELVIN J SR  
Address 6411 SW 18ST  
City-State-Zip: MIRAMAR FL 33023

*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:** JUAN M OCON

**MANAGER**

**04/30/2017**

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

\_\_\_\_\_  
Date