

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000102713

**Entity Name:** QUALITY ASSURANCE DRYWALL SERVICES LLC

**Current Principal Place of Business:**

105 EAST SILVER STAR RD  
OCOEE, FL 34761

**Current Mailing Address:**

105 EAST SILVER STAR RD  
OCOEE, FL 34761

**FEI Number: 82-5463230**

**Certificate of Status Desired: No**

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

RIVERA, ELUID  
105 EAST SILVER STAR RD  
OCOEE, FL 34761 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            OWNER  
Name            RIVERA, ELUID  
Address        105 EAST SILVER STAR RD  
City-State-Zip: OCOEE FL 34761

Title            MANAGING MEMBER  
Name            RIVERA, WANDA  
Address        105 EAST SILVER STAR RD  
City-State-Zip: OCOEE FL 34761

Title            AMBR  
Name            RIVERA, DANIEL  
Address        1202 MISSOURI AVE  
City-State-Zip: ST CLOUD FL 34769

*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: ELUID RIVERA**

**OWNER**

**04/27/2019**

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

\_\_\_\_\_  
Date