

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000118630

Entity Name: AUTOMATED QUALITY LLC

Current Principal Place of Business:

4300 W. LAKE MARY BLVD., STE. 1010-187
LAKE MARY, FL 32746-2012

Current Mailing Address:

4300 W. LAKE MARY BLVD., STE. 1010-187
LAKE MARY, FL 32746-2012 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NIBHANUPUDY, BOBBY
4300 W. LAKE MARY BLVD., STE. 1010-187
LAKE MARY, FL 32746-2012 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 AMBR
Name FILES, JOHN
Address 1187 FAN TRAIL LANE
City-State-Zip: ORLANDO FL 32827

Title AMBR
Name BARONE, CHRISTOPHER
Address 614 TIMBERWILDE CT.
City-State-Zip: WINTER SPRINGS FL 32708

Title AMBR
Name NIBHANUPUDY, BOBBY
Address 4300 W. LAKE MARY BLVD., STE. 1010
-187
City-State-Zip: LAKE MARY FL 32746-2012

Title AMBR
Name ANGELIS, MICHAEL
Address 4036 BERMUDA GRIVE PLACE
City-State-Zip: LONGWOOD FL 32779

Title AMBR
Name LAWRENCE THOMAS CHIN
Address 1825 REDWOOD GROVE TERRACE
City-State-Zip: LAKE MARY FL 32746

Title AMBR
Name VEDULA, GIRIDHAR
Address 1475 MAGNOLIA AVE
City-State-Zip: WINTER PARK FL 32789

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: BOBBY NIBHANUPUDY

MANAGING PARTNER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date