

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000191295

**Entity Name:** A PLUS QUALITY MULTIPLE SERVICES, LLC

**Current Principal Place of Business:**

1700 N MONROE STREET  
STE 11-268  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1700 N MONROE STREET  
STE 11-268  
TALLAHASSEE, FL 32303 US

**FEI Number:** 84-2643355

**Certificate of Status Desired:** No

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

KLEMENZ, JOHN MICHAEL  
1700 N MONROE STREET  
STE 11-268  
TALLAHASSEE, FL 32303 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 KLEMENZ, JOHN MICHAEL  
Address 1700 N MONROE STREET  
STE 11-268  
City-State-Zip: TALLAHASSEE FL 32303

*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:** JOHN MICHAEL KLEMENZ

**MEMBER**

**04/22/2021**

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

\_\_\_\_\_  
Date