

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90084 002 *****50.00

DOCUMENT # L00000006810

1. Entity Name

QUALITY EQUIPMENT, LLC



Principal Place of Business

**400 LIDO DR
FT LAUDERDALE FL 33301**

Mailing Address

**400 LIDO DR
FT LAUDERDALE FL 33301**

20013762



2. Principal Place of Business

15 CHEVIS LANE

Suite, Apt. #, etc.

105B

3. Mailing Address

15 CHEVIS LN.

Suite, Apt. #, etc.

105B

☒ CHECK HERE IF MAKING CHANGES

City & State

SANTA ROSA, FL

City & State

SANTA ROSA, FL

4. FEI Number

62-1831914

Applied For

Not Applicable

Zip

32459

Country

USA

Zip

32459

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RETTIG, JACK B
400 LIDO DR
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **JACK RETTIG**
Street Address (P.O. Box Number is Not Acceptable)
15 CHEVIS LANE, # 105B
City **SANTA ROSA** FL Zip Code **32459**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jack Rettig
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **RETTIG, JACK B**
STREET ADDRESS **400 LIDO DR**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15 CHEVIS LANE, STE 105B**
CITY-ST-ZIP **SANTA ROSA, FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Jack Rettig

REQUIRED

1/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)