


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90011 014 ****50.00

DOCUMENT # L00000011526	
1. Entity Name QUALITY FLOOR SALES & INSTALLATION, LLC	

Principal Place of Business 554 YORKSHIRE DR. OVIEDO, FL 32765	Mailing Address 554 YORKSHIRE DR. OVIEDO, FL 32765
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2. Principal Place of Business 5311 LINWOOD CIR Suite, Apt. #, etc.	3. Mailing Address 5311 LINWOOD CIR Suite, Apt. #, etc.
City & State SANFORD Zip 32771 Country FLORIDA	City & State SANFORD Zip 32771 Country FLORIDA



03242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3671763

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent MALM, WAYNE A 554 YORKSHIRE DR. OVIEDO, FL 32765	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Wayne Malm DATE 3-24-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALM, WAYNE A 554 YORKSHIRE DR. OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Wayne A. Malm **WAYNE A. MALM** 3-24-06 407-340-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #