

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90588 047 *****55.00

DOCUMENT # L01000016637

1. Entity Name

QUALITY FINANCIAL-PLANNING, LLC



Principal Place of Business

4023 N ARMENIA AVE
SUITE 104
TAMPA FL 33607
US

Mailing Address

4023 N ARMENIA AVE
SUITE 104
TAMPA FL 33607
US

2. Principal Place of Business

2130 DALLAS AVE

Suite, Apt. #, etc.

3. Mailing Address

2130 DALLAS AVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

TAMPA, FL

Zip

33603

Country

USA

City & State

TAMPA, FL

Zip

33603

Country

USA

4. FEI Number

59-3751177

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENENDEZ, STEVEN A
4023 N ARMENIA AVE
SUITE 104
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

FRANK D. MENENDEZ

Street Address (P.O. Box Number is Not Acceptable)

2130 DALLAS AVE

City

TAMPA, FL

FL

Zip Code

33603

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 *Frank D. Menendez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-03
DATE

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 **MENENDEZ, FRANK D**
STREET ADDRESS **4023 N ARMENIA AVE STE104**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **MGRM** ☒ Delete
NAME **MENENDEZ, STEVEN A**
STREET ADDRESS **4023 N ARMENIA AVE STE 104**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2130 DALLAS AVE**
CITY-ST-ZIP **TAMPA, FL 33603**

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

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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 *Frank D. Menendez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-03 (813) 872-1511
Date Daytime Phone #

CR2E083 (10/02)