

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90014 018 \*\*\*\*\*50.00

0026113

**DOCUMENT # L01000017684**

1. Entity Name

**QUALITY CONSULTING, LLC**



Principal Place of Business

**440 PHIPPEN-WAITERS RD.  
DANIA FL 33004**

Mailing Address

**2884 WEST ORCHARD CIRCLE  
DAVIE FL 33328**

2. Principal Place of Business

3. Mailing Address

**440 PHIPPEN-WAITERS RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DANIA FL**

Zip

Country

Zip

Country

**33004**

**USA**

4. FEI Number

**59-2190547**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSS, K.C.  
2884 WEST ORCHARD CIRCLE  
DAVIE FL 33328**

Name

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

**440 PHIPPEN-WAITERS RD**

City

**DANIA**

**FL**

Zip Code

**33004**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/26/03**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **CROSS, K.C.**  
STREET ADDRESS **2884 WEST ORCHARD CIR.**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Change ☐ Addition  
NAME **1/15/14**  
STREET ADDRESS **300503**  
CITY-ST-ZIP **9080**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

**3/26/03**

CR2E083 (10/02)