

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90079 034 ****50.00

0026181

DOCUMENT # L01000020639

1. Entity Name

THE QUALITY MANAGEMENT GROUP, LLC



Principal Place of Business

**2884 WEST ORCHARD CIRCLE
DAVIE FL 33328**

Mailing Address

**2884 WEST ORCHARD CIRCLE
DAVIE FL 33328**

2. Principal Place of Business

440 PHIPPEN RD

3. Mailing Address

440 PHIPPEN WAITERS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA BEACH FL

City & State

DANIA BEACH FL

Zip

33004

Country

Zip

33004

Country

4. FEI Number

65-1155931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

KC CROSS

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

440 PHIPPEN-WAITERS RD

City

DANIA BEACH

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

4/17/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CROSS, KC
2884 W. ORCHARD CIR.
DAVIE FL 33328**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CROSS, KC
440 Phippen-Waiters Rd
Dania Beach, FL 33004**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

[Signature]

SIGNATURE REQUIRED

4/17/03

Date

(954) 993-8028

Daytime Phone #

CR2E083 (10/02)