## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L02000016690

1. Entity Name

QUALITY PRODUCTS TRADE, L.L.C.



Principal Place of Business	Mailing Address
170 OCEAN LN DR STE 405 KEY BISCAYNE FL 33149	170 OCEAN LN DR STE 405 KEY BISCAYNE FL 33149
2. Principal Place of Business 4721 Nw 72 AVE	. 4721 NW 72
Suite Ant # etc	Suite, Apt. #, etc.

## **FILED** Mar 02, 2004 8:00 am Secretary of State 03-02-2004 90143 046 \*\*\*\*50.00

r incipal mace	of Business	j.	Mailing Address						
170 OCEAN STE 405	LN DR		170 OCEAN LN DR STE 405						
KEY BISCAY	'NE FL 331	49	KEY BISCAYNE FL 33	3149	Į į	1   FEWER SIX BRID		is ti <b>čio činio 3</b> 1140 (811) 801	
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Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			MOOF	RE CR2	E083 (11/03)	
City & State			City & State		4. FEI N	lumber		Api	plied For
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33/6	66	Country US-A	33166	Country	<b>5.</b> Certi	ficate of Status	s Desired	\$5.00 Addi Fee Required	
		and Address of Curre	ent Registered Agent		7. Name	e and Address	s of New Registe	red Agent	
		میں ہے۔ میں بھارتے ہیں ایس ان میں میں میں اساساسا ہے۔	<u></u>	Name				<u> </u>	
		NA & ASSOCIAT		Street	Address (P.O. Box N	Number is Not	Acceptable)		
	MI FL 33	LL AVE. STE. 1 <sup>.</sup> 131	100	<u></u>					
				City				FL Zip Code	<b>)</b>
8. The above	named entity	y submits this statemer	nt for the purpose of changing its	s registered office	or registered agent,	or both, in the	State of Florida.	am familiar with,	and accept
	ions of regist								
SIGNATURE						·		ATE	
<u> </u>	Signature, typed	or printed name of registered a	2016 CAGARIN STOCKET	THE PERSONAL STREET	ature required when reinstal	ing)	(1)	#1C	
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:		22	15
	D TYPED OR	PRINTED NAME OF SIGNING MAI	NAGING ME

ember, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #