

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90409 033 ****50.00

DOCUMENT # L02000032246

1. Entity Name

EQUIPMENT QUALITY GROUP, LLC



DO NOT WRITE IN THIS SPACE

30030610

2. Principal Place of Business

2450 NE Miami Gardens Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Second Floor

City & State

City & State

N. Miami Beach, FL

Zip

Country

Zip

Country

33180

USA

4. FEI Number
74-3086625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LOUIS-A. SUPRASKI

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

2450 NE Miami Gardens Drive, Second Floor

City

N. Miami Beach

FL

Zip Code
33180

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Harcourt Worldwide Ltd.
2450 NE Miami Gardens Drive, 2nd Flr
N. Miami Beach, FL 33180

TITLE
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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]*

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

ANAST Gabriel Edwards

Date

Daytime Phone #

04/02/2003 (5411) 4981-2427

CR2E083B (12/02)