

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) \*

9/27/2004 90084-037 \$50.00-\$50.00

04 OCT 22 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

**DOCUMENT # L03000006906**

1. Entity Name  
**QUALITY BUILT FRAMEING L.L.C.**



Principal Place of Business  
**716 CHESTNUT RD  
AUBURNDAL FL 33823-3107**

Mailing Address  
**716 CHESTNUT RD  
AUBURNDAL FL 33823-3107**

2. Principal Place of Business  
**HOME**

3. Mailing Address  
**716 CHESTNUT RD.**

Suite, Apt. #, etc.



MOORE CR2E083 (4/04)

10/22

City & State  
**AUBURNDAL FL.**

City & State  
**AUBURNDAL FL.**

Zip  
**33823**

Country  
**US - POLK**

Zip  
**33823**

Country  
**US - POLK**

4. FEI Number  
**05 0555 986**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**NEIMEYER, CARROLL  
716 CHESTNUT RD  
AUBURNDAL FL 33023-3107**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CARROLL NEIMEYER-MGRM 716 CHESTNUT RD. AUBURNDAL FL 33823 OWNER</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**  
**w/o Penalty fees**

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 Carroll Neimeyer Date Sept 24, 2004 Daytime Phone # 863-206-329

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