

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 JUL -1 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000013214

1. Entity Name
AMERICAN QUALITY OF FLORIDA, L.L.C.



Principal Place of Business
**9365 NW 101 ST
MEDLEY, FL 33174**

Mailing Address
**9365 NW 101 ST
MEDLEY, FL 33174**

S04131900513
04/30/04 90068 001 \$50.00



2. Principal Place of Business
**9365 NW 101 ST
Suite, Apt. #, etc.**

3. Mailing Address
**9365 NW 101 ST
Suite, Apt. #, etc.**

06302004 CHG-LLC CR2E083 (10/03)

City & State
MEDLEY, FL

City & State
MEDLEY, FL

Zip
33178

Country

Zip
33178

Country

4. FEI Number
03-0516452

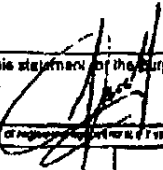
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ABASCAL, FRANCISCO
9385 NW 101 ST
MEDLEY, FL 33178**

7. Name and Address of New Registered Agent
**ALTAMIRANO, MAURICIO
Street Address (P.O. Box Number is Not Acceptable)
9365 NW 101 ST
City
MEDLEY FL Zip Code
33178**

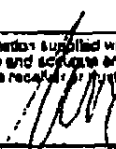
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when transferring) DATE

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PALAZON, JULIAN 9385 NW 101 ST MEDLEY, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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)(b), 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 recorder or trustee empowered to execute this report as required by Chapter 806, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when transferring) DATE