

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90141 041 ****50.00

DOCUMENT # L03000032462

1. Entity Name
EDY'S QUINTARD, LLC



Principal Place of Business
**3421 NORTH LAKEVIEW DRIVE
TAMPA, FL 33618**

Mailing Address
**3421 NORTH LAKEVIEW DRIVE
TAMPA, FL 33618**

20002012



2. Principal Place of Business
3421 N. Lakeview Dr.
Suite, Apt. #, etc.

3. Mailing Address
3421 N. Lakeview Dr.
Suite, Apt. #, etc.

01192006 Chg-LLC CR2E083 (11/05)

City & State
Tampa FL
Zip **33618** Country

City & State
Tampa FL
Zip **33618** Country

4. FEI Number
01-0794344
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WU, DAVID
3421 N. LAKEVIEW DR.
TAMPA, FL 33618**

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan/19/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **TR** ☒ Delete
NAME **ZHANG, ZHI**
STREET ADDRESS **2234 CLIMBING IVY DR**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Managing member** ☒ Change ☐ Addition
NAME **David Wu**
STREET ADDRESS **3421 N. Lakeview Dr.**
CITY-ST-ZIP **Tampa FL 33618**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Jan/19/06

DATE

813 265 3955

DAYTIME PHONE #