

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 26, 2005  
Secretary of State**

DOCUMENT# L03000047763

Entity Name: QUALITY PLUS, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

49 BENNY ROGERS ROAD  
CRAWFORDVILLE, FL 32327 US

**Current Mailing Address:**

**New Mailing Address:**

49 BENNY ROGERS ROAD  
CRAWFORDVILLE, FL 32327 US

FEI Number: 20-0440210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DAY, KIRK R  
49 BENNY ROGERS ROAD  
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: DAY, KIRK R  
Address: 49 BENNY ROGERS ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KIRK R. DAY

PRES

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date