

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000052495**

1. Entity Name  
**QUALITY SHELVING LLC**



Principal Place of Business  
**10065 E CLOVERNOOK LN  
INVERNESS, FL 34450 US**

Mailing Address  
**10065 E CLOVERNOOK LN  
INVERNESS, FL 34450 US**



01182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0477176**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FRANKENFIELD, ROBERT  
10065 E CLOVERNOOK LN  
INVERNESS, FL 34450**

**DO NOT WRITE  
IN THIS SPACE**

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

*Robert Frankfield*  
Signature, typed or printed name of registered agent and title if applicable

**ROBERT FRANKENFIELD**  
(NOTE: Registered Agent signature required when reinstating)

**FEB 21, 2005**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
FRANKENFIELD, ROBERT  
10065 E CLOVERNOOK LN  
INVERNESS, FL 34450**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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000000240056  
02/23/05-80015-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Robert D. Frankfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**ROBERT D. FRANKENFIELD**

**FEB 21, 2005**  
Date

Daytime Phone #

352 726 7280