

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057507

1. Entity Name
QUALITY CRAFT WORKS, LLC



Principal Place of Business
4823 SULLIVAN RD
TALLAHASSEE, FL 32310

Mailing Address
4823 SULLIVAN RD
TALLAHASSEE, FL 32310

FILED
07 APR 30 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
88-0517853

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIO-GREEN, CAROL E
4823 SULLIVAN RD
TALLAHASSEE, FL 32310

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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

Carol E. Kio-Green

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

(NOTE: Registered Agent signature required when reinstating)

April 30, 2007

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KIO, JAMES F
4823 SULLIVAN RD
TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KIO-GREEN, CAROL E
4823 SULLIVAN RD
TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

James F. Kio James F. Kio 4/30/07

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

Date

Daytime Phone #