

**2008 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**

08 JAN -8 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 88-0517853	Applied For Not Applicable
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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

*BK*

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**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
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01/15/08--01018--009 \*\*138.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

01/08/2008

Date

Daytime Phone #