
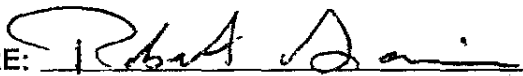


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000000088</b>		
1. Entity Name QUALITY CUTS, LLC		
Principal Place of Business 7538 UNIVERSITY BOULEVARD WINTER PARK, FL 32792 US		Mailing Address 7538 UNIVERSITY BOULEVARD WINTER PARK, FL 32792 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GARCIA, ROBERT A 7538 UNIVERSITY BOULEVARD WINTER PARK, FL 32792		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	GARCIA, ROBERT A	
STREET ADDRESS	7538 UNIVERSITY BOULEVARD	
CITY- ST- ZIP	WINTER PARK, FL 32792	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
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: 		1-23-2006
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>



01112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-0540937

Applied For  
Not Applicable

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

000000404445  
02/06/06-80047-008 50.00

**DO NOT WRITE  
IN THIS SPACE**