



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 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>		
		 04062007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 20-0540937
		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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 reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, ROBERT A 7538 UNIVERSITY BOULEVARD WINTER PARK, FL 32792	
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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: <u>Robert Garcia</u> 4-21-07 407 677-7066 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		