

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90055 016 ****55.00

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1. Entity Name
**QUALITY RESTAURANT & COMMERCIAL KITCHEN
SERVICES, LLC**

Principal Place of Business Mailing Address
551 SHARAR AVENUE PO BOX 540164
OPA LOCKA, FL 33054 US OPA LOCKA, FL 33054 US

20040261



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-1106072

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, HYACINTH
551 SHARAR AVENUE
OPA LOCKA, FL 33054**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DAVIS, HYACINTH
STREET ADDRESS 551 SHARAR AVENUE
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME JOHNSON, DARRYL
STREET ADDRESS 551 SHARAR AVENUE
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

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

04/27/06 305 685 0051

Date

Daytime Phone #