


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90044 007 ****50.00

DOCUMENT # L04000035382 1. Entity Name STOKES QUALITY SERVICES, LLC					
Principal Place of Business 4294 FALLING LEAF DRIVE NEW SMYRNA BEACH, FL 32168 US			Mailing Address 4294 FALLING LEAF DRIVE NEW SMYRNA BEACH, FL 32168 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent STOKES, MICHAEL A 4294 FALLING LEAF DRIVE NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOKES, MICHAEL A		NAME		
STREET ADDRESS	4294 FALLING LEAF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOKES, DEANNE C		NAME		
STREET ADDRESS	4294 FALLING LEAF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Michael Stokes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1-18-05 <small>Date</small>		386-409-7242 <small>Daytime Phone #</small>