2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90076 019 ****50.00

DOCUMENT # L04000036047

1. Entity Name
QUALITY CRAFT CARPENTRY AND PAINTING, LLC

Principal Place of Business	Mailing Address
2615 NORDMAN NEW SMYRNA BEACH, FL 32170 US	P.O. BOX 112 NEW SMYRNA, FL 32170 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 36-5882175 ☐ 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
~~HENDRICKSON, JEFF~~ ~~520 RIVERSIDE DRIVE~~ ~~NEW SMYRNA, FL 32160~~ 2615 Nordman New Smyrna Bch Fla 32170	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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENDRICKSON, JEFF P.O. BOX 112 NEW SMYRNA, FL 32170 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

EXPIRATION DATE
September 30, 2007

CITY OF NEW SMYRNA BEACH
OCCUPATIONAL LICENSE

ACCOUNT NO. 4924

ANNUAL FEE: $ 52.50

CODE	CLASSIFICATION	
086A	SUBCONTRACTORS BY TRADE TITLE	$52.50

NAME QUALITY CRAFT LLC
CONTACT JEFF HENDRICKSON

BUSINESS ADDRESS QUALITY CRAFT LLC
2615 NORDMAN AV
Unit:
NEW SMYRNA BEACH FL 32168

MAILING ADDRESS QUALITY CRAFT LLC
PO BOX 112
Unit:
NEW SMYRNA BEACH FL 32170

NEW SMYRNA BEACH

ISSUED BY THE OFFICE OF
THE CITY CLERK

No: OL2006-1844
633601009600

Attachment
04000360417