

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/6/2005-90046-035-\$55.00-\$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 20 AM 10:27

DOCUMENT # L04000037187

1. Entity Name
THE QED GROUP, LLC



Principal Place of Business
1719 BEACH DRIVE SE
ST. PETERSBURG, FL 33701

Mailing Address
1719 BEACH DRIVE SE
ST. PETERSBURG, FL 33701

2. Principal Place of Business

3. Mailing Address
1719-33 Beach Dr SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State *SMC*

Zip

Country

Zip

Country

09012005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

30-0253084

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

MATTERN, CHARLES
1719 BEACH DRIVE SE
ST. PETERSBURG, FL 33701

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

Charles Mattern

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/05

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VP
Charles Mattern
1719-33 Beach Dr SE*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2005

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Pres.
Barbara Mattern
Same as above*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature]

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 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:

Charles Mattern

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

8/31/05 727-823-4955

Date

Daytime Phone #