2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000043552

1. Entity Name
QUOCLAND LLC



FILED Apr 04, 2007 08:00 All Secretary of State

Principal Place of Business

12 1 2

2098 NE 54TH STREET FORT LAUDERDALE, FL 33308 Mailing Address

2098 NE 54TH STREET FORT LAUDERDALE, FL 33308



03252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAGHDASSARIAN, DAVID 1608 E COMMERCIAL BLVD FORT LAUDERDALE, FL 33334

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		IN THIS	SPACE
	named entity submits this statement for the purpose of char iions of registered agent.	nging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and bile if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
Fi D	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	S. G. Walter	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM PHAM, DINH 2098 NE 54TH STREET FORT LAUDERDALE, FL 33334 MGRM LE, TAI HUU 3571 KING EDWARD ROAD		V00000689748 11/07-80048-003 50.00
CITY-ST-ZIP	BEAVERCREEK, OH 45431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
UII 1-31-21P		· · · · · · · · · · · · · · · · · · ·	

11. I hereby certify that the information supplied with this filing took 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 fiability company or the receiver or trustee empowered to execute this people as required by Chapter 608, Florida Statutes.

SIGNATURE: 😕

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Davime Phone #