

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90148 009 ***138.75

DOCUMENT # L04000045457



1. Entity Name
QUANG OF ORLANDO #5, LLC

Principal Place of Business
**950 N WESTMORELAND DR
ORLANDO, FL 32804**

Mailing Address
**PO BOX 547187
ORLANDO, FL 32854**

60015842



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

65-1230183

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**QUANG, KENNETH CHI TU
950 N WESTMORELAND DR
ORLANDO, FL 32804**

**Allen H KATZ, P.A.
13900 S. JOG ROAD
203-276
DELRAY BEACH, FL
33446
USA**

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

Allen H Katz **ALLEN H KATZ**

3/6/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **QUANG, KENNETH CHU TU**
STREET ADDRESS **950 N WESTMORELAND DR**
CITY-ST-ZIP **ORLANDO, FL 32804**

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

TITLE **MGR** ☐ Delete
NAME **QUANG, VON NGO**
STREET ADDRESS **950 N WESTMORELAND DR**
CITY-ST-ZIP **ORLANDO, FL 32804**

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

TITLE ☐ Delete
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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

Von Quang

3/17/08

832-7375

Date

Daytime Phone #