

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90062 042 ****55.00

DOCUMENT # L04000063445			
1. Entity Name QMS INVESTMENTS, LLC			
Principal Place of Business 5390 ORTEGA BOULEVARD JACKSONVILLE FL 32210		Mailing Address 5390 ORTEGA BOULEVARD JACKSONVILLE FL 32210	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 20-1546948		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202		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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		HAROLD W. MOORE 5125 ORTEGA FARMS BLD. JACKSONVILLE FL 32210	
		THOMAS F. QUINN JR. 276 IVY LAKES DR. JACKSONVILLE FL 32259	
		WILLIAM S. SCOTT 14 LADYFISH ST. PONTE VERRA BEACH, FL 32082	
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ 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:

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

Date

Daytime Phone #

1/24/05 (904) 384-7855