

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90012 016 \*\*\*\*55.00

**DOCUMENT # L04000074278**

1. Entity Name

**QOL GROUP, L.L.C.**



Principal Place of Business

**70 BAYWALK COURT  
DESTIN FL 32550**

Mailing Address

**70 BAYWALK COURT  
DESTIN FL 32550**

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

**20-1744447**

Applied For

Not Applicable

5. Certificate of Status Desired

**X**

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, KELLY S  
2401 ROBERTS DRIVE  
NICEVILLE FL 32578**

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

*Kelly S Taylor*

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

(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

TITLE

**MGRM**

☐ Delete

NAME

**LEENMAN, PETER**

STREET ADDRESS

**70 BAYWALK COURT**

CITY - ST - ZIP

**DESTIN FL 32550**

TITLE

**MGRM**

☐ Delete

NAME

**MILLER, STEPHENSON**

STREET ADDRESS

**70 BAYWALK COURT**

CITY - ST - ZIP

**DESTIN FL 32550**

TITLE

**MGRM**

☐ Delete

NAME

**LASZEWSKI, KIRK**

STREET ADDRESS

**1626 18TH ST**

CITY - ST - ZIP

**NICEVILLE FL 32578**

TITLE

**MGRM**

☐ Delete

NAME

**TAYLOR, KELLY S**

STREET ADDRESS

**2401 ROBERTS DRIVE**

CITY - ST - ZIP

**NICEVILLE FL 32578**

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 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:**

*Kelly S Taylor*

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

Date

Daytime Phone #