## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**DOCUMENT # L04000088270** 

1. Entity Name Q & S HOLDINGS, LLC



## **FILED** Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90015 043 \*\*\*\*50.00

8 BROADWAY

**SUITE 218** 

KISSIMMEE, FL 34741 US

Mailing Address

8 BROADWAY

SUITE 218

KISSIMMEE, FL 34741

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03102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2272561

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LANDIS, DAVID M ESQUIRE TWO LANDMARK CENTER, SUITE 600 225 E. ROBINSON STREET ORLANDO, FL 32802-2854

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FI	lling Fee is \$50.00 ue by May 1, 2006	• -	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEIVE, RANDY L 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE &	10 10 10 10 10 10 10 10 10 10 10 10 10 1		

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 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 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 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 certific 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 certific 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 certific 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 certific true and the certific tru

**SIGNATURE:** 

STREET ADDRESS-CITY-ST-ZIP

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

407.847.4706

Davtime Phone #