

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011946

FILED
Jan 21, 2009
Secretary of State

Entity Name: BEST QUALITY & SERVICE COMPANY, LLC

Current Principal Place of Business:

2011 SW 70TH AVENUE
UNIT A-11
FORT LAUDERDALE, FL 33317

New Principal Place of Business:

Current Mailing Address:

2011 SW 70TH AVENUE
UNIT A-11
FORT LAUDERDALE, FL 33317

New Mailing Address:

FEI Number: 33-1111373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, MICHAEL P
Address: 13342 SW 40 ST.
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: MGRM (X) Delete
Name: GORMAN, JOHN A
Address: 3885 E HIBISCUS STREET
City-St-Zip: WESTON, FL 33332

Title: MGRM (X) Delete
Name: GORMAN, JOHN H
Address: 3885 E HIBISCUS STREET
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL P. WILLIAMS

MGRM

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date