

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90152 018 \*\*\*\*50.00

**DOCUMENT # L05000025869**

1. Entity Name  
**QUINNGO OF PENSACOLA, L.L.C.**



Principal Place of Business  
**4055 ALVER DRIVE  
PENSACOLA, FL 32504**

Mailing Address  
**4055 ALVER DRIVE  
PENSACOLA, FL 32504**

**20006529**



2. Principal Place of Business  
**4055 Alvar Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4055 Alvar Dr.**  
Suite, Apt. #, etc.

01112006 Chg-LLC CR2E083 (11/05)

City & State  
**Pensacola, FL**

Zip  
**32504**

Country

4. FEI Number  
**20-2469534**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LOY, NANCY  
4055 ALVER DRIVE  
PENSACOLA, FL 32504**

7. Name and Address of New Registered Agent  
Name  
**Nancy Loy**  
Street Address (P.O. Box Number is Not Acceptable)  
**4055 Alvar Dr.**  
City  
**Pensacola** FL Zip Code  
**32504**

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 **Nancy Loy** (NOTE: Registered Agent signature required when reinstating) DATE **1-29-06**

**Filing Fee is \$50.00 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LOY, NANCY 4055 ALVER DRIVE PENSACOLA, FL 32504</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Nancy Loy 4055 Alvar Dr Pensacola, FL, 32504</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOY, JAMES 4055 ALVER DRIVE PENSACOLA, FL 32504</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM James Loy 4055 Alvar Dr. Pensacola, FL, 32504</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Nancy Loy** **Nancy Loy** Date **850-438-5393**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #