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Mar 15, 2007 8:00 am
Secretary of State
03-15-2007 90131 033 ****50.00

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000025869

1. Entity Name
QUINNCO OF PENSACOLA, L.L.C.

60024018

| Principal Place of Business | Mailing Address |
|---|---|
| 4055 ALVER DRIVE<br>PENSACOLA, FL 32504 | 4055 ALVER DRIVE<br>PENSACOLA, FL 32504 |

**DO NOT WRITE IN THIS SPACE**

01152007 No Chg-LLC CR2E083 (11/05)

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~~ 4055 Alvar Dr
PENSACOLA, FL 32504

**DO NOT WRITE IN THIS SPACE**

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | LOY, NANCY |
| STREET ADDRESS | ~~4055 ALVER DRIVE~~ 4055 Alvar Dr |
| CITY-ST-ZIP | PENSACOLA, FL 32504 |
| TITLE | MGRM |
| NAME | LOY, JAMES |
| STREET ADDRESS | ~~4055 ALVER DRIVE~~ 4055 Alvar Dr |
| CITY-ST-ZIP | PENSACOLA, FL 32504 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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 B. Loy 2-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #