

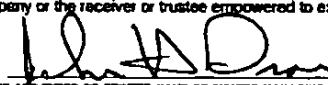


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

01-19-2006 90063 027 ****55.00

DOCUMENT # L05000058970					
1. Entity Name QUALITY REBUILDERS COMMERCIAL LAUNDRY EQUIPMENT SERVICES LLC					
Principal Place of Business 5301 5TH ST. W. LEHIGH ACRES, FL 33971			Mailing Address 5301 5TH ST. W. LEHIGH ACRES, FL 33971		
2. Principal Place of Business 5301 5TH ST. W.			3. Mailing Address 5301 5TH ST. W.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lehigh Acres FL			City & State Lehigh Acres FL		
Zip 33971		Country USA		4. FEI Number 51-0549973	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GROEN, JOHN HENRY 5301 5TH ST W LEHIGH ACRES, FL 33971			7. Name and Address of New Registered Agent Name John Henry Groen Street Address (P.O. Box Number is Not Acceptable) 5301 5TH ST. W. City Lehigh Acres FL Zip Code 33971		
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  (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	manager/owner John H. Groen 5301 5TH ST. W Lehigh Acres FL 33971		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete		
10. ADDITIONS/CHANGES			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	manager/owner John H. Groen 5301 5TH ST. W Lehigh Acres FL 33971		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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:  John H. Groen 1-10-06 239-462-9591					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

00000410



01092006 Chg-LLC CRZE083 (11/05)



ATTACHMENT

30000478

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

QUALITY REBUILDERS COMMERCIAL LAUNDRY EQUIPMENT SERVICE
5301 5TH ST. W.
LEHIGH ACRES, FL 33971

Subject: **QUALITY REBUILDERS COMMERCIAL LAUNDRY EQUIPMENT**

Reference Number: **L05000058970**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION