

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 11, 2006 8:00 am
Secretary of State

05-05-2006 90023 009 ****50.00

DOCUMENT # L05000062797		
1. Entity Name QUALITY SEWER AND DRAIN CLEANING SERVICES, LLC		

Principal Place of Business 1505 15TH LANE PALM BEACH GARDENS FL 33418	Mailing Address 1505 15TH LANE PALM BEACH GARDENS FL 33418
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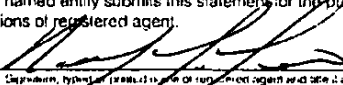
2. Principal Place of Business 1505 15th Lane Suite, Apt. #, etc.	3. Mailing Address 1505 15th Lane Suite, Apt. #, etc.
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City & State Palm Beach Gardens	City & State Palm Beach Gardens
Zip 33418	Zip 33418
Country Palm Beach	Country Palm Beach

4. FEI Number 262884926	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

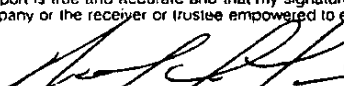
6. Name and Address of Current Registered Agent LIVINGSTON, MICHAEL L 1505 15TH LANE PALM BEACH GARDENS FL 33418	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE owner President	NAME Michael L. Livingston	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS 1505 15th Lane			STREET ADDRESS		
CITY-ST-ZIP Palm Beach Gardens FL 33418			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE