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	Mailing Address
1505 15TH LANE PALM BEACH GARDENS FL 33418	1505 15TH LANE PALM BEACH GARDENS FL 33418

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1505 15th Lane	1505 15th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens	City & State: Palm Beach Gardens
Zip: 33418 Country: Palm Beach	Zip: 33418 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

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	Owner President Michael L Livingston 1505 15th Lane Palm Beach Gardens Fl. 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #