

AMENDED

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # L05000118105

1. Entity Name

A+ QUALITY MAID SERVICE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
732 EAST MACK BAYOU

Suite, Apt. #, etc
UNIT#5

City & State
SANTA ROSA BEACH, FL

Zip Country
32549

3. Mailing Address
732 EAST MACK BAYOU

Suite, Apt. #, etc.
UNIT#5

City & State
SANTA ROSA BEACH, FL

Zip Country
32549

4. FEI Number
04-3835820

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LOSEY, RALPH J. JR

Street Address (P.O. Box Number is Not Acceptable)
5256 TIVOLI DRIVE

City Zip Code
MIRAMAR BEACH FL 32550

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

300136163309

19/08--01053--001 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
LOSEY, RALPH J. JR
5256 TIVOLI DRIVE
MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ralph Losey Jr.

Date

19/12/08

Daytime Phone #

1412-400-0509

CR2E083B (12/02)