

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

**FILED**

**09 OCT -7 AM 8: 38**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
000160722900  
09/16/09--01026--004 \*\*50.00

000160722900  
10/02/09--01026--002 \*\*327.50

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** LD5000118105

1. Entity Name

A+ QUALITY MAID SERVICE, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1503 BLACK CREEK BLVD.

3. Mailing Address  
1503 BLACK CREEK BLVD.

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State  
FREEPORT, FL

City & State  
FREEPORT, FL

4. FEI Number  
04-3835820

Applied For  
Not Applicable

Zip  
32439

Country

Zip  
32439

Country

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

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  
MIRAMAR BEACH

FL

Zip Code  
32550

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 Ralph J. Losey Jr Owner  
Signature, typed or printed name of registered agent and title if applicable.

9-29-09

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

**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  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

**L. SELLERS**

**OCT - 8, 2009**

**EXAMINER**

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)