2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000122905

1. Entity Name
QUALITY OFFICE CLEANING, LLC

Principal Place of Business	Mailing Address
2355 WALNUT HEIGHTS RD. APOPKA, FL 32703	2355 WALNUT HEIGHTS RD. APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

04012008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4012042

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YUCIUS, PAUL E
2355 WALNUT HEIGHTS RD.
APOPKA, FL 32703

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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 Paul E. Yucius 4-1-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000879284
04/15/08-80015-002 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	YUCIUS, PAUL E
STREET ADDRESS	2355 WALNUT HEIGHTS RD.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	MGRM
NAME	YUCIUS, ANDREA M
STREET ADDRESS	2355 WALNUT HEIGHTS RD.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Paul E. Yucius 4-1-08 407-464-0622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #