


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90195 017 ****50.00

DOCUMENT # L06000021054 1. Entity Name GREGORY'S QUALITY PRODUCTS LLC					
Principal Place of Business 1872 E WILSON ROAD ELLISON Rd PERRY, FL 32347			Mailing Address 1872 E WILSON ROAD ELLISON Rd, PERRY, FL 32347		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GREGORY, BETTY A 1872 E WILSON ROAD 1872 E. ELLISON Rd PERRY, FL 32347				7. Name and Address of New Registered Agent Name Betty A. Gregory Street Address (P.O. Box Number is Not Acceptable) 1872 E. ELLISON Rd. City Perry FL Zip Code 32347	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREGORY, MICHAEL 1872 E WILSON ROAD PERRY, FL 32347 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Betty Ann Gregory <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3-26-07 (850)584-3692 <small>Date Daytime Phone #</small>		