## **2007 LIMITED LIABILITY COMPANY**

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

## Mar 29, 2007 8:00 am Secretary of State **ANNUAL REPORT** 03-29-2007 90179 027 \*\*\*\*55.00 DOCUMENT # L06000042749 QUALITY CARVING SUPPLIES BY RICHARD C. WATSON, LLC 60030324 Principal Place of Business Mailing Address 28 RIVERFRONT DRIVE 28 RIVERFRONT DRIVE VENICE, FL 34293 VENICE, FL 34293 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202007 Chq-LLC CR2E083 (12/06) 4. FEI Number 41-220 - 5610 City & State Applied For City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BABB, REBECCA JANE Street Address (P.O. Box Number is Not Acceptable) 28 RIVERFRONT DRIVE VENICE, FL 34293 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (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 ☐ Change ☐ Delete TITLE MANAGER . NAME NAME REBECCA JANE BABB STREET ADDRESS STREET ADDRESS 28 PIVER FRONT DRIVE VENICE, FL. 34293 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Contibba [7] TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TIME ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

3/22/2007

941-426-3347 Daytime Phone i

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