

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90185 010 \*\*\*\*50.00

DOCUMENT # L06000076719

1. Entity Name

QUALITY FIRST CLEANING SERVICE, LLC



Principal Place of Business

Mailing Address

% GEORGIA LOFTON  
135 RICHARDSON LANE, APT. 304  
MELROSE FL 32666

% GEORGIA LOFTON  
135 RICHARDSON LANE, APT. 304  
MELROSE FL 32666



2. Principal Place of Business - No P.O. Box #

Georgia Lofton

Suite, Apt. #, etc.

3. Mailing Address

135 Richardson Lane

Suite, Apt. #, etc.

304

City & State

Melrose FL

City & State

Melrose, FL

Zip

32666

Country

Putnam

Zip

32666

Country

Putnam

4. FEI Number

74-3182735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

LOFTON, GEORGIA  
135 RICHARDSON LANE, APT. 304  
MELROSE FL 32666

7. Name and Address of New Registered Agent

Name

Georgia Lofton

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

135 Richardson Lane APT 304

City

Melrose

FL

Zip Code

32666

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

*Georgia Lofton*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LOFTON, GEORGIA	
STREET ADDRESS	135 RICHARDSON LANE, APT. 304	
CITY - ST - ZIP	MELROSE FL 32666	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MACE, TIFFANY	
STREET ADDRESS	202 NE 132ND TERRACE	
CITY - ST - ZIP	GAINESVILLE FL 32666	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Georgia Lofton*

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

Date

Daytime Phone #