2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90028 009 ***138.75

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

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
135 Richardson Lane	135 Richardson Lane
Suite, Apt. #, etc. 304	Suite, Apt. #, etc. 304
City & State Melrose, FL	City & State Melrose, FL
Zip 32666 Country Putumn	Zip 32666 Country Putumn

4. FEI Number 74-3182735 ☐ Applied For ☐ Not Applicable

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

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 Lofton, Georgia
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 1-28-08
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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOFTON, GEORGIA		NAME	
STREET ADDRESS	135 RICHARDSON LANE, APT. 304		STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MACE, TIFFANY		NAME	
STREET ADDRESS	202 NE 132ND TERRACE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32666		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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 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 Georgia Lofton 1-28-08 352-494-4048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #