

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076719

FILED
Apr 30, 2009
Secretary of State

Entity Name: QUALITY FIRST CLEANING SERVICE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

22424 SE 62ND AVE
HAWTHORNE, FL 32640

Current Mailing Address:

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

New Mailing Address:

22424 SE 62ND AVE
HAWTHORNE, FL 32640

FEI Number: 74-3182735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VANZANT, GEORGIA
22424 SE 62ND AVE
HAWTHORNE, FL 32640 US

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.

SIGNATURE: GEORGIA VANZANT

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOFTON, GEORGIA
Address: 135 RICHARDSON LANE, APT. 304
City-St-Zip: MELROSE, FL 32666

Title: MGRM () Delete
Name: MACE, TIFFANY
Address: 202 NE 132ND TERRACE
City-St-Zip: GAINESVILLE, FL 32666

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VANZANT, GEORGIA
Address: 22424 SE 62ND AVE
City-St-Zip: HAWTHORNE, FL 32640

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 VANZANT

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date