

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90202 026 \*\*\*138.75

**DOCUMENT # L07000070464**

1. Entity Name  
**QVS INTERLOCKING SOLUTIONS**



Principal Place of Business  
**7520 SW 57 TERR.  
MIAMI, FL 33143**

Mailing Address  
**7520 SW 57 TERR.  
MIAMI, FL 33143**



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

01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**38-3762336**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREIRA, JOSE M  
7520 SW 57 TERR.  
MIAMI, FL 33143**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reselecting)

**2/29/2008**  
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  
NAME PEREIRA, JOSE M  
STREET ADDRESS 7520 SW 57 TERR.  
CITY- ST- ZIP MIAMI, FL 33143

TITLE MGR ☒ Change ☐ Addition  
NAME PEREIRA, JOSE M.  
STREET ADDRESS 7520 SW 57 TERR.  
CITY- ST- ZIP MIAMI, FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
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CITY- ST- ZIP

TITLE ☐ Change ☐ 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 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 606, Florida Statutes.

SIGNATURE:

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

**2/29/2008**  
Date

**305-542-4939**  
Daytime Phone #