

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 30, 2008 8:00 am
Secretary of State

04-28-2008 90061 026 ***138.75

DOCUMENT # L07000088560			
1. Entity Name QUALITY FIRST ENTERPRISES, LLC			
Principal Place of Business 805-20TH AVENUE WEST PALMETTO, FL 34221		Mailing Address 805-20TH AVENUE WEST PALMETTO, FL 34221	
2. Principal Place of Business - No P.O. Box # 609-45th St. W		3. Mailing Address 609-45th St. W.	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34209		Country USA	
Country USA		Country USA	
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HANCOCK, CHRISTOPHER C 805-20TH AVENUE WEST PALMETTO, FL 34221		7. Name and Address of New Registered Agent Name Judith A. Hancock Street Address (P.O. Box Number is Not Acceptable) 609 45th St. West City Bradenton FL Zip Code 34209	
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 Judith A. Hancock Judith A. Hancock DATE 4-20-08			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP Judith Hancock 609-45th St W Bradenton, FL 34209		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP Christopher Hancock 609-45th St W Bradenton, FL 34209		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP Christopher Hancock 609-45th St W Bradenton, FL 34209		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
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.			
SIGNATURE: Judith A. Hancock Judith A. Hancock		Date 4-20-08 941-748-7623	

MGRM

Secretary

MANA