


**LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # <b>40000118148</b>	
1. Entity Name <b>C.B. Quality, LLC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business, No P.O. Box # <b>15100 Buffalo Lane</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, ect.	Suite, Apt. #, ect.
City & State <b>Brooksville FL</b>	City & State
Zip <b>34613</b>	Country

4. FEI Number <b>273967880</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

CR2E083B (1/11)

6.
<b>DO NOT WRITE IN THIS SPACE</b>

7. Name and Address of Current Registered Agent	
Name <b>Joseph Lollis</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>15100 Buffalo Ln</b>	
City <b>Brooksville</b>	FL Zip Code <b>34613</b>

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 <b>[Signature]</b> DATE <b>6/13/2011</b>

<p>January 1 - May 1 Fee is \$138.75 After May 1, Fee is \$538.75 Amended AR is \$50.00</p> <p><b>Make Check Payable to Florida Department of State</b></p>	<p>E-mail Address: <b>Joe.Lollis@gmail.com</b></p> <p>To be used for future annual report notices</p>
---	---

9. MANAGING MEMBERS/MANAGERS	
TITLE <b>PRESIDENT MANAGER</b>	<div>10.</div> <div align="center"><b>DO NOT WRITE IN THIS SPACE</b></div>
NAME <b>Joseph Lollis</b>	
STREET ADDRESS <b>15100 BUFFALO LN</b>	
CITY-ST-ZIP <b>BROOKSVILLE, FL 34613</b>	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 608, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.	
SIGNATURE: <b>[Signature]</b>	DATE: <b>6-13-2011</b> DAYTIME PHONE: <b>352 232-3113</b>