

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011698

Entity Name: QUALITY CARE PROTECTION WARRANTY, INC.

FILED
Feb 05, 2016
Secretary of State
CC5660192887

Current Principal Place of Business:

SAWGRASS FORD
14501 W SUNRISE BLVD
SUNRISE, FL 33323

Current Mailing Address:

14501 W SUNRISE BLVD
SUNRISE, FL 33323 US

FEI Number: 65-0658082

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTLEY, PETER AESQ
2211 E SAMPLE RD STE 204
LIGHTHOUSE POINT, FL 33064 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MENTEN, DAVID
Address 3640 PARK COURT
City-State-Zip: WESTON FL 33332

Title VP
Name MENTEN, DEBORAH
Address 1415 E LAKE DRIVE
City-State-Zip: FT LAUDERDALE FL 33316

Title ST
Name MARINELLI, DALE
Address 6006 PINWOOD AVE
City-State-Zip: PARKLAND FL 33067

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID MENTEN

PRES

02/05/2016

Electronic Signature of Signing Officer/Director Detail

Date