

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000017153

**Entity Name:** KEYSTONE QUALITY SERVICES LLC

**Current Principal Place of Business:**

5694 FARREL WAY  
MILTON, FL 32583

**Current Mailing Address:**

P.O. BOX 3355  
BAY ST LOUIS, MS 39521

**FEI Number: 68-0673702**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ENFINGER, SHENA M  
5694 FARREL WAY  
MILTON, FL 32583 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

**Authorized Person(s) Detail :**

Title MGR  
Name ENFINGER, SHENA M  
Address 12627 OPHELIA ST  
City-State-Zip: PENSACOLA FL 32506

Title MGRM  
Name THOMAS, RICHARD L  
Address 605 SUNSET DR  
City-State-Zip: BAY ST LOUIS MS 39520

Title MGRM  
Name THOMAS, SCOTT R  
Address 12627 OPHELIA ST  
City-State-Zip: PENSACOLA FL 32506

Title MGRM  
Name GILMORE, SUZANNE L  
Address 605 SUNSET DR  
City-State-Zip: BAY ST LOUIS MS 39520

Title MGRM  
Name THOMAS, DAWN A  
Address 605 SUNSET DR  
City-State-Zip: BAY ST LOUIS MS 39520

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD L THOMAS**

**MANAGING MEMBER**

**01/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date