

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000158521

**Entity Name:** QPS QUALITY PAINTING SERVICE LLC

**Current Principal Place of Business:**

6301 MIRAMONTE DR  
104  
ORLANDO, FL 32835

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC2753036124**

**Current Mailing Address:**

P O BOX 616429  
ORLANDO, FL 32861

**FEI Number: 46-4083147**

**Certificate of Status Desired: No**

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

ESPITIA, EVELIO  
6301 MIRAMONTE DR  
104  
ORLANDO, FL 32835 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                      | Title           | MGR              |
| Name            | ESPITIA, EVELIO          | Name            | ROJAS, JUAN C    |
| Address         | 6301 MIRAMONTE DR<br>104 | Address         | P O BOX 616429   |
| City-State-Zip: | ORLANDO FL 32835         | City-State-Zip: | ORLANDO FL 32861 |

*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: EVELIO ESPITIA**

**MANAGER**

**01/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date