

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000008456

**FILED**  
**Jan 23, 2015**  
**Secretary of State**  
**CC3322740310**

**Entity Name:** 2020 QUALITY SERVICES, LLC

**Current Principal Place of Business:**

20031 NE 2ND PLACE  
NORTH MIAMI, FL 33179

**Current Mailing Address:**

20031 NE 2ND PLACE  
NORTH MIAMI, FL 33179

**FEI Number:** 32-0435666

**Certificate of Status Desired:** No

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

ROJAS, EDDIE  
20031 NE 2ND PLACE  
NORTH MIAMI, FL 33179 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 ROJAS, EDDIE  
Address 20031 NE 2ND PLACE  
City-State-Zip: NORTH MIAMI FL 33179

Title AMBR  
Name PARRA, MARIA M  
Address 20031 NE 2ND PLACE  
City-State-Zip: NORTH MIAMI FL 33179

Title AR  
Name TINOCO, PAOLA  
Address 20031 NE 2ND PLACE  
City-State-Zip: NORTH MIAMI FL 33179

*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:** MARIA MILAGROS PARRA

**MEMBER**

**01/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date