

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000063671

**Entity Name:** QUALITY CALL REPS LLC

**Current Principal Place of Business:**

4729 15TH ST SW  
LEHIGH ACRES, FL 33973

**Current Mailing Address:**

4729 15TH ST SW  
LEHIGH ACRES, FL 33973 US

**FEI Number:** 83-3954516

**Certificate of Status Desired:** No

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

DENORD, CLARRISSA N  
4040 14TH AVE SE  
NAPLES, FL 34117 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 DENORD, CLARRISSA N  
Address 4040 14TH AVE SE  
City-State-Zip: NAPLES FL 34117

*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:** CLARRISSA DENORD

**OWNER**

**03/21/2021**

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

\_\_\_\_\_  
Date