

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000086338

**Entity Name:** QUALITY ELEVATOR PADS, LLC

**Current Principal Place of Business:**

1130 CREEKSIDE PKWY  
STE 110132  
NAPLES, FL 34108

**Current Mailing Address:**

1130 CREEKSIDE PKWY  
STE 110132  
NAPLES, FL 34108 US

**FEI Number:** 83-4302640

**Certificate of Status Desired:** No

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

NESHEIWAT, ROLA  
1130 CREEKSIDE PKWY  
STE 110132  
NAPLES, FL 34108 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 NESHEIWAT, ROLA  
Address 1130 CREEKSIDE PKWY  
STE 110132  
City-State-Zip: NAPLES FL 34108

*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:** ROLA NESHEIWAT

**OWNER**

**03/21/2023**

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

\_\_\_\_\_  
Date