

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000173951

**Entity Name:** QUALITY PRECAST SOLUTIONS, LLC

**Current Principal Place of Business:**

3621 NW 2ND STREET  
CAPE CORAL, FL 33993

**Current Mailing Address:**

3621 NW 2ND STREET  
CAPE CORAL, FL 33993

**FEI Number:** 85-1903313

**Certificate of Status Desired:** No

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

GSK REGISTERED AGENTS, INC.  
1380 ROYAL PALM SQUARE BOULEVARD  
FORT MYERS, FL 33919 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 KOVALICK, MICHAEL S  
Address 3621 NW 2ND STREET  
City-State-Zip: CAPE CORAL FL 33993

*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:** MICHAEL S. KOVALICK

MGR

04/28/2023

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

\_\_\_\_\_  
Date