

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005542

Entity Name: QUALITY COUNTS, LLC**Current Principal Place of Business:**15615 SW 74TH AVE
SUITE 100
TIGARD, OR 97224**Current Mailing Address:**15615 SW 74TH AVE
SUITE 100
TIGARD, OR 97224 US**FEI Number:** 74-3073687**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES, RODRIKAS
5806 N 53RD ST
OFFICE 20
TAMPA, FL 33610 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:** RODRIKAS JONES

03/18/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name QC HOLDINGS, INC.
Address 15615 SW 74TH AVE
SUITE 100
City-State-Zip: TIGARD OR 97224

Title VP OF INTERNAL OPERATIONS
Name MARTINEAU, ERIN
Address 5118 N 56TH ST
STE 114
City-State-Zip: TAMPA FL 33610

Title CEO
Name BRISSETT, JEAN-PAUL
Address 5118 N 56TH ST
STE 114
City-State-Zip: TAMPA FL 33610

Title DIRECTOR OF OPERATIONS
Name JONES, RODRIKAS
Address 5806 N 53RD ST
OFFICE 20
City-State-Zip: TAMPA FL 33610

Title VP OF FINANCE
Name DILORETO, CAMILLA
Address 5118 N 56TH ST
STE 114
City-State-Zip: TAMPA FL 33610

Title OPERATIONS MANAGER
Name SUAREZ, ALFREDO
Address 5806 N 53RD ST
OFFICE 20
City-State-Zip: TAMPA FL 33610

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: TRAVIS CUMMINGS**COMPLIANCE/ACCOUNTING ADMINISTRATOR** 03/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date