

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001030

Entity Name: QUALA SERVICES, LLC**Current Principal Place of Business:**500 N. WESTSHORE BLVD.
STE. 435
TAMPA, FL 33609**Current Mailing Address:**500 N. WESTSHORE BLVD.
STE. 435
TAMPA, FL 33609 US**FEI Number:** 26-1581289**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name SCHNEIDER, CHUCK
Address 500 N. WESTSHORE BLVD.
STE. 435
City-State-Zip: TAMPA FL 33609

Title MANAGER
Name GREWAL, GURINDER
Address 500 N. WESTSHORE BLVD.
STE. 435
City-State-Zip: TAMPA FL 33609

Title MANAGER
Name CHAUHAN, ABHISHEK
Address 500 N. WESTSHORE BLVD.
STE. 435
City-State-Zip: TAMPA FL 33609

Title MANAGER
Name HARRISON, SCOTT
Address 500 N. WESTSHORE BLVD.
STE. 435
City-State-Zip: TAMPA FL 33609

Title MGR
Name WALLMAN, RICHARD
Address 500 N. WESTSHORE BLVD.
STE. 435
City-State-Zip: TAMPA FL 33609

Title MGR
Name CASH, MICHAEL
Address 500 N. WESTSHORE BLVD.
STE. 435
City-State-Zip: TAMPA FL 33609

Title MGR
Name CLAWSON, CURT
Address 500 N. WESTSHORE BLVD.
STE. 435
City-State-Zip: TAMPA FL 33609

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: CHUCK SCHNEIDER**AUTHORIZED PERSON****04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date