2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2020
Secretary of State
1645275926CC

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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	Title	MANAGER
Name	SCHNEIDER, CHUCK	Name	GREWAL, GURINDER
Address	500 N. WESTSHORE BLVD. STE. 435	Address	500 N. WESTSHORE BLVD. STE. 435
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609
Title	MANAGER	Title	MANAGER
Name	CHAUHAN, ABHISHEK	Name	HARRISON, SCOTT
Address	500 N. WESTSHORE BLVD. STE. 435	Address	500 N. WESTSHORE BLVD. STE. 435
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609
Title	MGR	Title	MGR
Name	WALLMAN, RICHARD	Name	CASH, MICHAEL
Address	500 N. WESTSHORE BLVD. STE. 435	Address	500 N. WESTSHORE BLVD. STE. 435
City-State-Zip:	TAMPA FL 33609	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: SCOTT HARRISON MGR 04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date