

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


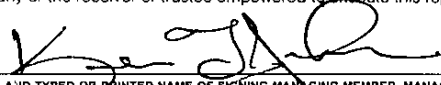
FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90025 021 ***138.75

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01052008 Chg-LLC CR2E083 (12/06)

| | | | | | |
|--|----------------------|--|---|---|---|
| DOCUMENT # L04000046112 | | | |  | |
| 1. Entity Name QSI, LLC | | | | | |
| Principal Place of Business 3518 SAM ALLEN OAKS CIRCLE PLANT CITY, FL 33565 | | | Mailing Address P.O. BOX 4143 PLANT CITY, FL 33563 | | |
| 2. Principal Place of Business - No P.O. Box # 1412 E BAKER ST | | 3. Mailing Address P.O. BOX 1337 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State PLANT CITY, FL | | City & State DOVER, FL | | 4. FEI Number 770088006 59-3398327 | |
| Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| Zip 33563 | Country | Zip 33527 | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PEAVYHOUSE, RUSSELL K ESQ. 1001 EAST BAKER STREET SUITE 201 - COURTYARD SQUARE PLANT CITY, FL 33563-3700 | | | Name KEVIN T JOHNSON | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 1412 E BAKER STREET | | |
| | | | City PLANT CITY | | |
| | | | FL | | |
| | | | Zip Code 33563 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE | | KEVIN T JOHNSON | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANTLEY, BRUCE W | | | NAME | |
| STREET ADDRESS | P.O. BOX 4143 | | | STREET ADDRESS | |
| CITY-ST-ZIP | PLANT CITY, FL 33563 | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | MGRM |
| NAME | | | | NAME | Quality Septic, Inc. |
| STREET ADDRESS | | | | STREET ADDRESS | 1412 E Baker St |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | Plant City, FL 33563 |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | Date | | Daytime Phone # | |
| Kevin T Johnson as President of Quality Septic, Inc. | | 1-22-08 | | 813 754 9891 | |