

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000045809

1. Entity Name
QUALITY CONSULTING COMPANY, LLC



Principal Place of Business Mailing Address

P. O. BOX 731836 P. O. BOX 731836
ORMOND BEACH, FL 32173 ORMOND BEACH, FL 32173

DO NOT WRITE IN THIS SPACE



02012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 34-2046304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARONSON, LORETTA
3175 KAILANI CT.
ORMOND BEACH, FL 32174

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARONSON, LORETTA 3175 KAILANI CT. ORMOND BEACH, FL 32174
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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: *Loretta Aronson* 3/26/07 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE