

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045809

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** QUALITY CONSULTING COMPANY, LLC

**Current Principal Place of Business:**

3175 KAILANI CT  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 731836  
ORMOND BEACH, FL 32173

**New Mailing Address:**

**FEI Number:** 34-2046304      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ARONSON, LORETTA  
**Address:** 3175 KAILANI CT.  
**City-St-Zip:** ORMOND BEACH, FL 32174

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LORETTA D ARONSON      MGR      04/15/2012

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date