

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088343

FILED  
Sep 16, 2009  
Secretary of State

Entity Name: QUALITY TOUCH REMODELING LLC

## Current Principal Place of Business:

7919 MULHALL DR  
JACKSONVILLE, FL 32216 US

## New Principal Place of Business:

1008 PALMER STREET  
GREEN COVE SPRINGS, FL 32043 US

## Current Mailing Address:

7919 MULHALL DR  
JACKSONVILLE, FL 32216 US

## New Mailing Address:

1008 PALMER STREET  
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 26-0806692      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BROWN, CHRISTOPHER  
5145 B BUCKHEAD RD  
MIDDLEBURG, FL 32068 US

## Name and Address of New Registered Agent:

BROWN, CHRISTOPHER  
1008 PALMER STREET  
GREEN COVE SPRINGS, FL 32043 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: CLYDE SINGLETARY

09/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: SINGLETARY, CLYDE E  
Address: 7919 MULHALL DR  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: S ( ) Delete  
Name: BROWN, CHRISTOPHER  
Address: 5145 B BUCKHEAD RD  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP ( ) Delete  
Name: PENDARVIS, CLAUDE O  
Address: 2691 TINA LN  
City-St-Zip: MIDDLEBURG, FL 32068 US

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: SINGLETARY, CLYDE E  
Address: 1008 PALMER STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: S (X) Change ( ) Addition  
Name: BROWN, CHRISTOPHER  
Address: 1008 PALMER STREET  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP (X) Change ( ) Addition  
Name: PENDARVIS, MICHAEL R  
Address: 4870 FIREWEED STREET  
City-St-Zip: MIDDLEBURG, FL 32068 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHRISTOPHER BROWN

P

09/16/2009

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