

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014471

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** ANDERSON QUALITY ROOFING, LLC

**Current Principal Place of Business:**

6899 BOBBY SAPP ROAD  
MACCLENNY, FL 32063 US

**New Principal Place of Business:**

**Current Mailing Address:**

6899 BOBBY SAPP ROAD  
MACCLENNY, FL 32063 US

**New Mailing Address:**

**FEI Number:** 26-1943392      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: MGRM  
Name: ANDERSON, OLIVER  
Address: 6899 BOBBY SAPP ROAD  
City-St-Zip: MACCLENNY, FL 32063 US

Title: MGRM  
Name: ANDERSON, JOHN  
Address: 11077 ALTMANS WAY  
City-St-Zip: GLEN ST MARY, FL 32040 US

Title: MGRM  
Name: CRAWFORD, BILLY  
Address: 8674 SOUTH BEN ROWE CIRCLE  
City-St-Zip: MACCLENNY, FL 32063 US

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: OLIVER ANDERSON

MGRM

05/03/2010

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