

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014471

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

6899 BOBBY SAPP ROAD  
MACCLENNEY, FL 32063 US

**New Principal Place of Business:**

**Current Mailing Address:**

6899 BOBBY SAPP ROAD  
MACCLENNEY, FL 32063 US

**New Mailing Address:**

FEI Number: 26-1943392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: MACCLENNEY, 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: MACCLENNEY, 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

04/12/2011

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