

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088343

Entity Name: QUALITY TOUCH REMODELING LLC

Current Principal Place of Business:

1008 PALMER STREET
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

1923 SUNRISE DR.
JACKSONVILLE, FL 32246

FEI Number: 26-0806692

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, CHRISTOPHER
1923 SUNRISE DR.
JACKSONVILLE, FL 32246 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name SINGLETARY, CLYDE E
Address 1923 SUNRISE DR.
City-State-Zip: JACKSONVILLE FL 32246

Title S
Name BROWN, CHRISTOPHER
Address 1923 SUNRISE DR.
City-State-Zip: JACKSONVILLE FL 32246

Title VP
Name PENDERSVIS, MICHAEL R
Address 4870 FIREWEED STREET
City-State-Zip: MIDDLEBURG FL 32068

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER BROWN

P

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date