

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014471

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

**Current Principal Place of Business:**

5913 CHARLIE ROWE DRIVE  
MACCLENNY, FL 32063

**Current Mailing Address:**

5913 CHARLIE ROWE DRIVE  
MACCLENNY, FL 32063 US

**FEI Number: 26-1943392**

**Certificate of Status Desired: No**

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

ANDERSON, OLIVER  
5913 CHARLIE ROWE DRIVE  
MACCLENNY, FL 32063 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 MGRM  
Name ANDERSON, OLIVER  
Address 5913 CHARLIE ROWE DRIVE  
City-State-Zip: MACCLENNY FL 32063

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

*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: OLIVER ANDERSON**

**MGRM**

**04/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date