

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000115227

Entity Name: QUALITY A/C & HOME INSPECTIONS LLC

Current Principal Place of Business:

8637 FELDMAN ROAD
JACKSONVILLE, FL 32244

Current Mailing Address:

8637 FELDMAN ROAD
JACKSONVILLE, FL 32244 US

FEI Number: 35-2425699

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POWELL, SAMUEL E
8637 FELDMAN ROAD
JACKSONVILLE, FL 32244 US

FILED
Mar 15, 2017
Secretary of State
CC7688699977

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 MGR
Name POWELL, SAMUEL E
Address 1369 RIVERA DRIVE
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title MGRM
Name CLARK, JUSTIN DUANE
Address 5920 KNOLLWOOD DRIVE
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title MGRM
Name POWELL, REBECCA L
Address 2061 KAYAK CT.
City-State-Zip: MIDDLEBURG FL 32068

Title MGRM
Name POWELL, MARY L
Address 1369 RIVERA DRIVE
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title MGRM
Name KIKENDALL, ROBERT
Address 4102 MAGGIE LANE
City-State-Zip: MIDDLEBURG FL 32068

Title MGRM
Name POWELL, DAVID SAMUEL
Address 2061 KAYAK CT.
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: SAMUEL E POWELL

MANAGER

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date