

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115227

**FILED**  
**Jan 26, 2013**  
**Secretary of State**  
**CC6893474525**

**Entity Name:** QUALITY A/C & HOME INSPECTIONS LLC

**Current Principal Place of Business:**

1369 RIVERA DRIVE  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

1369 RIVERA DRIVE  
GREEN COVE SPRINGS, FL 32043

**FEI Number: 35-2425699**

**Certificate of Status Desired: No**

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

POWELL, SAMUEL E  
1369 RIVERA DRIVE  
GREEN COVE SPRINGS, FL 32043 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 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, DAVID S  
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 2638 SOPHIA COURT  
City-State-Zip: FLEMING ISLAND FL 32003

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SAMUEL E POWELL**

**REGISTERED AGENT**

**01/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date