

**2018 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

*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 8637 FELDMAN ROAD  
City-State-Zip: JACKSONVILLE FL 32244

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 8637 FELDMAN ROAD  
City-State-Zip: JACKSONVILLE FL 32244

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**

**MGR**

**02/27/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date