

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000074105

Entity Name: QUALITY INSTALLATION SERVICES, LLC

Current Principal Place of Business:

399 N. CYPRESS DRIVE.
TEQUESTA , FL 33469

Current Mailing Address:

399 N. CYPRESS DRIVE.
TEQUESTA , FL 33469 US

FEI Number: 61-1685183

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MASON, CRAIG R
399 N. CYPRESS DRIVE.
TEQUESTA , FL 33469 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 MASON, CRAIG R
Address 399 N. CYPRESS DRIVE.
City-State-Zip: TEQUESTA FL 33469

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: CRAIG R MASON

MANAGER

04/11/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date