

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024957

FILED
Sep 07, 2005
Secretary of State

Entity Name: QUALITY ROOFING OF POLK COUNTY, LLC

Current Principal Place of Business:

413 DIXIE HWY
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 456
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 59-1212902 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, ROBERT V
413 DIXIE HWY
AUBURNDALE, FL 33823 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, ROBERT V
Address: 413 DIXIE HWY
City-St-Zip: AUBURNDALE, FL 33823 US

Title: MGRM () Delete
Name: WILLIAMS, ROBERT J
Address: 413 DIXIE HWY
City-St-Zip: AUBURNDALE, FL 33823 US

Title: MGRM () Delete
Name: FUSSELL, ELMER D
Address: 413 DIXIE HWY
City-St-Zip: AUBURNDALE, FL 33823 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ROBERT V WILLIAMS

MANA

09/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date