

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067365

FILED
Jan 17, 2009
Secretary of State

Entity Name: QUALITY CONSULTING GROUP, LLC

Current Principal Place of Business:

613 SILVER THORN RD.
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

613 SILVER THORN RD.
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 71-0970420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, PEGGY J
613 SILVER THORN RD.
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: BELL, JIM
Address: 28 PARISH HILL RD.
City-St-Zip: GRANBY, MA 01033

Title: MGR () Delete
Name: CREIGHTON, SUE
Address: 2612 CYPRESS WOOD CT.
City-St-Zip: RALEIGH, NC 27606

Title: MGR () Delete
Name: MOONEY, JIM
Address: 3186 BEECHBERRY CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: MGR () Delete
Name: VACCA, DON
Address: 4024 E. PALO BREA LN.
City-St-Zip: CAVE CREEK, AZ 85331

Title: MGR () Delete
Name: WALKER, PEGGY
Address: 613 SILVERTHORN RD.
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR () Delete
Name: WHITE, JOE
Address: 323 ALER AMBER CT
City-St-Zip: AKRON, OH 44321

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:

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

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

Title: MGR (X) Change () Addition
Name: WARD, TOM
Address: 4819 W. LYNNHURST
City-St-Zip: PEORIA, IL 61615

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PEGGY WALKER

T

01/17/2009

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