

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000069801

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** THOMAS AND TRACY ACCARIO QUALITY HOME REPAIR, LLC

**Current Principal Place of Business:**

686 CARNIVAL TERRACE  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

686 CARNIVAL TERRACE  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 56-2489141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACCARIO, THOMAS  
686 CARNIVAL TERRACE  
SEBASTIAN, FL 32958 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:** MGRP  
**Name:** ACCARIO, THOMAS  
**Address:** 686 CARNIVAL TERRACE  
**City-St-Zip:** SEBASTIAN, FL 32958

**Title:** MGRM  
**Name:** ACCARIO, TRACY  
**Address:** 680 CARNIVAL TERRACE  
**City-St-Zip:** SEBASTIAN, FL 32958

I hereby 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:** THOMAS F ACCARIO

OWNE

04/27/2010

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