

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076235

FILED  
May 14, 2008  
Secretary of State

**Entity Name:** FIRST QUALITY HOME SERVICES LLC

**Current Principal Place of Business:**

125 FOXGLEN DR  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

5409 FOXHOUND DR  
NAPLES, FL 34104 US

**New Mailing Address:**

125 FOXGLEN DR  
NAPLES, FL 34104 US

FEI Number: 56-2322116      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:**

SULLIVAN, SHIRLEY M  
125 FOXGLEN DR  
NAPLES, FL, FL 34104 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: MGRM ( ) Delete  
Name: WEMPLE, SHARON A MGRM  
Address: 3637 RECREATIOJN DR  
City-St-Zip: NAPLES, FL 34116 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEMPLE, SHARON A MGRM  
Address: 3637 RECREATION DR  
City-St-Zip: NAPLES, FL 34116 US

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: SHARON A WEMPLE

MGR

05/14/2008

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