

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90054 030 \*\*\*\*55.00

30004358



1st MOORE CR2E083 (10/05)

<b>DOCUMENT # L05000033427</b> 1. Entity Name <b>QUALITY CONSTRUCTION LLC</b>																							
Principal Place of Business <b>185 ANN CIRCLE CRAWFORDVILLE FL 32327</b>			Mailing Address <b>185 ANN CIRCLE CRAWFORDVILLE FL 32327</b>																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country																				
4. FEI Number <b>06-17-44322</b>			Applied For <input type="checkbox"/> Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required																				
6. Name and Address of Current Registered Agent <b>STOKELEY, WM. DAVID 185 ANN CIRCLE CRAWFORDVILLE FL 32327</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																				
8. 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. I am familiar with, and accept the obligations of registered agent.																							
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____																							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>																							
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	STREET ADDRESS		CITY-ST-ZIP	CITY-ST-ZIP		TITLE	NAME	Change Addition	NAME	STREET ADDRESS		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	Delete																					
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TITLE	NAME	Change Addition																					
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CITY-ST-ZIP	CITY-ST-ZIP																						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.																							
<b>SIGNATURE:</b> <u>William David Stokeley</u> <b>3/30/06</b> <b>850 5103721</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																							