

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000045809	
1. Entity Name QUALITY CONSULTING COMPANY, LLC	

Principal Place of Business P. O. BOX 731836 ORMOND BEACH, FL 32173	Mailing Address P. O. BOX 731836 ORMOND BEACH, FL 32173
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DO NOT WRITE IN THIS SPACE

02012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 34-2046304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ARONSON, LORETTA 3175 KAILANI CT. ORMOND BEACH, FL 32174	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARONSON, LORETTA 3175 KAILANI CT. ORMOND BEACH, FL 32174
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04/05/07-80035-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: *Loretta Aronson* *3/26/07* Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE