

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035479

FILED
Mar 30, 2009
Secretary of State

Entity Name: QUALITY DRYWALL TOOLS LLC

Current Principal Place of Business:

527 N U.S HWY. 17-92
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

268 ARLINGTON LOOP
HAINES CITY, FL 33844

New Mailing Address:

PO BOX 4123
HAINES CITY, FL 33845

FEI Number: 20-4631578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAIMES, CLAUDIA P
268 ARLINGTON LOOP
HAINES CITY, FL 33844 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: JAIMES, CLAUDIA P
Address: 268 ARLINGTON LOOP
City-St-Zip: HAINES CITY, FL 33844 US

Title: MGRM () Delete
Name: JAIMES, EDGAR
Address: 268 ARLINGTON LOOP
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES:

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

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

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: CLAUDIA P JAIMES

MGR

03/30/2009

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