

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000043419

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** QPS RESIDENTIAL OF FL, LLC

**Current Principal Place of Business:**

4620 TRAYWICK DRIVE  
MARIETTA, GA 30062

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 70186  
MARIETTA, GA 30007

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

KOWALEWSKI, ROMAN  
517 AYLESBURY RD  
DELRAY BEACH, FL 33444 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  
Name: KERNION, CHRIS  
Address: PO BOX 70186  
City-St-Zip: MARIETTA, GA 30007

Title: MGR  
Name: KERNION, JILL  
Address: PO BOX 70186  
City-St-Zip: MARIETTA, GA 30007

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:** CHRIS KERNION

MGR

01/05/2011

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